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Health Care Delivery Program Data Conversion Specifications

Prepared for

The Office of the Under Secretary of Defense

Personnel and Readiness

And

The Defense Manpower Data Center

11 January, 2001

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Developer's Representative Signature Date

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Acquirer's Signature Date

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1. Scope

1.1. Purpose

This document defines the data conversion specifications for the Health Care Delivery Program (HCDP) portion of the redesigned Defense Enrollment Eligibility Reporting System (DEERS), Version 3.0.

1.2. Overview

1.2.1. System Overview

The primary mission of the existing DEERS is to reduce the fraud and abuse of Department of Defense (DoD) benefits while ensuring that beneficiaries receive the benefits they are entitled. Through various systems that interface with DEERS, users access medical, dental, and insurance information. Each system performs distinct tasks; however, all query the DEERS database for information pertaining to the benefits determination for active duty and retired members of the Army, Navy, Marine Corps, and Air Force, their family members, and their survivors. In addition, legislative actions authorize the provision of health care to DoD, United States Coast Guard (USCG), United States Public Health Service (USPHS), and National Oceanic and Atmospheric Administration (NOAA) personnel. This broad system of reciprocal health care delivery is referred to as the Military Health System (MHS).

Currently, DEERS interacts with the following entities within the MHS community:

- Composite Health Care System (CHCS)
- Managed Care Support Contractors (MCSCs)/Claims Processors
- Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) Fiscal Intermediaries (FIs)
- Designated Providers, formerly known as Uniformed Service Treatment Facilities (USTFs), now referred to as Uniformed Services Family Health Plan (USFHP) providers
- Health Benefits Advisors and other users throughout the continental United States (CONUS) and outside of the continental United States (OCONUS) via the Government Inquiry of DEERS (GIQD) application
- Base Realignment and Closure (BRAC) Pharmacy benefit program contractors
- Continued Health Care Benefit Program (CHCBP) administrators
- DoD Mail Order Pharmacy benefit program contractors

The DEERS users also include the Defense Manpower Data Center (DMDC) Support Office (DSO) Telephone Center, the Armed Forces Institute of Pathology (AFIP), and other approved users.

The goal of DEERS is to migrate some of the functionality within the existing DEERS to a new DEERS data model, supporting the MHS Health Functional Architecture as well as additional functional requirements.

The DEERS 3.0 data model is focused on the concept of "a Person." Under the existing DEERS, data on family members is keyed to and retrieved via the sponsor's Social Security number. The new data model will store and retrieve this information via each individual beneficiary's Social Security number, while defining the beneficiary's relationship to the sponsor in separate data fields. Each beneficiary is therefore regarded as an individual person rather than as a sponsor or, in effect, an attachment to a sponsor.

DEERS is being redesigned as an integrated system consisting of a database; rules for benefits and entitlements eligibility determination and data reconciliation; a set of functional applications; and interfaces to other systems, as required. The database is an Oracle Relational Database Management System (RDBMS). An expert system, AionDS, will be used to code and store the DEERS business rules.

The redesigned and expanded DEERS will continue to be the MHS central source for personnel information from the DoD personnel community. In addition, DEERS will continue to be the source for determining DoD medical benefits.

DEERS 3.0 will support current functionality and new requirements requested by the MHS community, as categorized below:

- Maintain Health Care Delivery Program (HCDP) information
- Support Claims Processing or maintain fiscal year and enrollment year catastrophic capitation and deductible (CC&D)
- Perform Eligibility verification
- Maintain Non-availability Statements (NAS)
- Maintain Person information
- Maintain specified Immunization information
- Maintain Standard Insurance Table (SIT) information
- Maintain Other Health Insurance (OHI) information
- Provide reports

DEERS will interface with the MHS community through two primary sources: Electronic Data Interchange (EDI) transactions and a DEERS client application. Systems external to the MHS that request information from DEERS will be required to communicate via EDI message structures. DEERS will also provide a client application containing the functionality required to support the non-EDI MHS community.

1.2.2. Data Conversion Overview

Data conversion provides the means to transfer data from an existing environment to a new environment. The DEERS 3.0 assimilates vast quantities of data from previously isolated entities and encapsulates it; thereby providing true portability of health care. The movement to this new data model will require consolidation of data from multiple sources: DEERS old eligibility, DEERS 2.0, CHCS, the MCSCs, TRICARE Management Activity (TMA)-Aurora, and Birch & Davis Associates (B&D). These entities hold the following data to be converted.

- DEERS 2.0:
  - Person
  - Personnel
  - Benefits
- DEERS old eligibility:
  - Current alternate (alt-) care
  - Alt-care history
  - NAS
- CHCS:
  - OHI
  - Primary Care Manager (PCM) selection, including PCM Identifiers
- MCSCs:
  - Enrollment
  - Fee Payment
  - Prime enrollment year CC&D
- TMA-Aurora:
  - Central Deductible and Catastrophic Capitation file (CDCF) for Standard fiscal year CC&D
- Birch & Davis Associates (B&D):
  - The SIT

With all of these entities working in tandem, much coordination and attention to logistics is required to successfully migrate to DEERS 3.0. This document addresses the detailed specifications for reconciling, converting and migrating medical data into the HCDP tables of DEERS 3.0. Other specification documents will cover the remaining areas of the migration.

Given the complexity of the task, it is assumed that the migration to DEERS 3.0 will require multiple iterations of conversion program prototypes during each stage of testing. This is typical for data conversion – repeated cycles of producing export files, reconciling and converting the data, diagnosing errors, generating an error file, researching exceptions, and cleaning up the data. As these iterations progress, changes may need to be made to program logic to respond to

knowledge gained in the detailed analysis of the results. The MCSCs will be responsible for supporting this process by providing test files and assistance in research errors.

Within each iteration, the migration task can be broken down into the following phases:

- Export Phase
- Reconciliation Phase
- Conversion Phase
- Import Phase

These phases will be duplicated for each of the following data entities:

- HCDP
- NAS
- CC&D
  - Standard Fiscal Year
  - Prime Enrollment Year

The SIT migration will contain all of the above steps except for the Reconciliation Phase.

1.2.2.1. Export Phase

The Export Phase involves the export of existing data to sequential files. The format of these sequential files will be defined by DEERS and are documented in this and the remaining data conversion specification documents. These export files contain the data to be converted, though at this point still in its old format. Since the export files serve as inputs to the conversion process, they will hereafter be referred to as input files.

1.2.2.2. Reconciliation Phase

A Master Key file will be used to associate the records in the input files with the appropriate DEERS 3.0 keys, so that the information can be properly targeted to the correct records on the DEERS 3.0 database. This procedure is part of the Reconciliation Phase. In addition, the Reconciliation Phase may also involve the merging of multiple data sources, such as in the HCDP conversion, where DEERS old eligibility alt-care data and the MCSCs' enrollment data are reconciled with the assigned HCDP data.

1.2.2.3. Conversion Phase

In the Conversion Phase, existing data will be mapped field-by-field to the table formats of the new database. Each data element will be evaluated to determine its place in the new system. This may require a conversion, or may be a direct move. Some conversions will entail translating an existing valid value to new valid value. Others will involve combining current fields into one new field, or splitting one current field into several new fields.

The conversion programs will take the sequential files generated in the Reconciliation Phase, perform any necessary conversions, and migrate the data to sequential load files that replicate, in form, the relevant Oracle tables in DEERS 3.0. In addition to creating the import files, the conversion/migration programs will generate both error files and statistical reports that will be used in researching any problems that arise with the data.

1.2.2.4. Import Phase

The Import Phase involves loading the sequential load files into the Oracle tables in DEERS 3.0. After loading, the data will be validated using SQL scripts.

1.2.3. HCDP Data Conversion Overview

Military personnel and their dependents may be eligible for medical benefits based on their affiliation with the military. There are three types of medical benefits that these beneficiaries may be entitled to: health, dental and special. Some of these benefits are automatically available to the beneficiaries, while others require the beneficiaries to enroll, and possibly pay a fee, to receive the benefits.

The migration to DEERS 3.0 involves four sources of medical data: DEERS old eligibility, DEERS 2.0, the MCSCs, and CHCS. From DEERS old eligibility will come current or history enrollments for each beneficiary. Enrolled plans are referred to as alt-care plans in DEERS old eligibility. DEERS 2.0 will contain a benefits determination module that can derive a complete record of a beneficiary's entitlements based on the current and historical status of the beneficiary's sponsor. These entitlements will be used to derive assigned health care benefits for the full length of a beneficiary's eligibility. The MCSCs will provide data on current enrollments. CHCS holds data on Active Duty enrollments. This data will not be migrated to DEERS 3.0 because the DEERS old eligibility system is considered to be the most accurate source of Active Duty enrollments.

In DEERS 3.0, health care benefits are offered through coverage plans, which are referred to as HCDPs coverage plans. Information on beneficiaries' HCDP coverage plans is stored in the tables in the Benefits Satellite database. For any period of time a beneficiary has particular health coverage, be it assigned or enrolled, they have one record in the HCDP table.

If a coverage plan requires a beneficiary to enroll, it will have an HCDP Enrollment record, in addition to its HCDP record, which contains information specific to the enrollment. This information includes the management system responsible for the enrollment, the effective date of the enrollment, and the date the enrollment expires. It is stored in the HCDP Enrollment table. Only information on the current enrollment period will be kept in this table. This makes the relationship between the HCDP and HCDP Enrollment table one-to-one.

Some of the enrolled coverage plans require the beneficiary to choose a PCM. Information specific to the PCM is stored in the PCM Selection table. This information includes the Region, DMIS Identifier and Network Provider Type. A beneficiary may change their PCM selection multiple times over the course of an enrollment, so the relationship between the HCDP and PCM Selection tables is one-to-many.

The MCSCs hold PCM Selection data, and will provide it along with their enrollment information. CHCS also possesses PCM Selection data, but it will not be migrated to DEERS 3.0 in an initial load. This data will be loaded into DEERS 3.0 as it comes in via a beneficiary's enrollment or PCM update, after DEERS 3.0 is operational. The PCM Lookup table will be loaded in the same manner.

The enrollment management systems responsible for enrolling beneficiaries in HCDP coverage plans require annual re-enrollment for most of these plans. Some programs may also require a fee. The re-enrollment date and enrollment fee are set at the family level. In DEERS 3.0, the information related to the family's enrollment date and fee payments is stored in the Prime Family Enrollment Year and HCDP Fee Payment tables, respectively.

DEERS old eligibility and DEERS 3.0 structure and store benefits differently. These differences need careful consideration during the HCDP conversion. One of the major changes occurring in DEERS 3.0 is the introduction of portable delivery programs. In DEERS old eligibility, if two members of a family are enrolled in the same health care program in different regions, they are each enrolled separately in an individual plan. In DEERS 3.0, these two family members will be enrolled in one family plan, with each family member enrolled in a separate region.

Another major difference in DEERS 3.0 is the number of HCDPs. Unlike DEERS old eligibility, which contains only enrolled alt-care plans and the eligibility for them, each of the assigned Health Care Coverage Plans in DEERS 3.0 will be tracked with an associated HCDP record. In addition, many more distinctions exist between the coverage plans in DEERS 3.0 than in DEERS old eligibility. For example, in DEERS old eligibility, a family member enrolled in a Prime plan is enrolled in TRICARE Prime E, while in DEERS 3.0, the coverage plans differentiate between the family member of an active duty sponsor, retired sponsor, and civilian DoD affiliate, among others. In total, there are five alt-care types for medical programs that are still valid in DEERS old eligibility, whereas there are approximately 30 valid medical HCDP coverage plans in DEERS 3.0.

The HCDP data conversion will transform the medical data from the three sources – DEERS old eligibility, DEERS 2.0, and the MCSCs – into the new format of DEERS 3.0. Historical enrollment data will come directly from DEERS old eligibility, while current enrollment data will come from merging information from all three sources. Attempting to reconcile the data between these sources will be difficult when the sources have conflicting information for an individual's enrollment. The conversion modules will attempt to handle as many cases of conflicting data as possible, using precedence rules established during the analysis.

1.2.3.1. Export Phase

The Export Phase involves obtaining the input files for the conversion programs. There will be three sources for these input files: DEERS old eligibility, DEERS 2.0, and the MCSCs.

DEERS old eligibility stores the most recent alt-care data in the DEERS files and the history alt-care data in the Alt-Care History file. To get this information, a program will be run on the mainframe to extract all of the necessary alt-care information from the DEERS Virtual Storage Access Method (VSAM) files and write it to a sequential file. A second program will be run to write the entire Alt-Care History file to a sequential file. Both of these sequential files will then be downloaded from the mainframe to the UNIX machine being used for the conversion.

Each MCSC will provide data on the current enrollments they have in their system. Within each region, they will be responsible for reconciling their data, creating family enrollments from separate individual plans when necessary. They will then create a sequential file, of fixed record length, for each region containing all of the enrollment information necessary for the conversion. Each of these sequential files will be transferred from that MCSC's system to the UNIX machine.

The DEERS 2.0 benefits determination module will be used to derive a complete record of each beneficiary's entitlements. Based on these benefits, a program will be run to create assigned HCDP segments that encompass the full length of eligibility for a given beneficiary. These segments will be written to a sequential file, which will be downloaded to the UNIX machine.

DEERS 2.0 also contains the Benefits Satellite table, which associates a beneficiary's person identification information to his or her DEERS Identifier. The DEERS Identifier is the primary key used throughout the Benefits Satellite Database; it is created through the concatentation of the DEERS Family Identifier and the DEERS Beneficiary Identifier. This table view allows the cross-referencing of DEERS old eligibility records to their appropriate DEERS 3.0 keys. This cross-reference information, along with data from the DEERS 2.0 Person table, will be used to create the Master Key file. The Master Key file will be written to a sequential file and downloaded to the UNIX machine.

1.2.3.2. Reconciliation Phase

1.2.3.2.1. Generate Assigned HCDP Coverage Plans

The first step in the Reconciliation Phase uses the information in the Benefits tables from DEERS 2.0 to create assigned HCDP coverage plan segments that encompass the full length of eligibility for a given beneficiary.

1.2.3.2.2. Validate Input Files and Populate with DEERS 3.0 Primary Key

The second step validates each of the input files. All of the fields from both DEERS old eligibility files and the MCSC files will be validated. This will include checking valid values for identification numbers, codes, and dates. In addition, the DEERS primary key for a given record will be obtained from the Master Key file, using the person identification information to access it. This will ensure that it is a record for a valid beneficiary.

1.2.3.2.3. Reconcile Enrollment Information Against the Assigned HCDP

Once the fields in each file are validated, the third step will compare the current enrollment information from DEERS old eligibility and the MCSCs to the assigned HCDP coverage plans. This will ensure that each beneficiary is indeed eligible for the program in which he or she is enrolled.

1.2.3.2.4. Reconcile the Enrollment Information From Each of the Different Sources

The fourth step of the Reconciliation Phase will compare the files against each other to ensure that the data is consistent across the systems. The first check will be to reconcile the MCSC data across regions. This will catch any split enrollments: if two or more family members are currently enrolled in different regions, they will be joined together in the same family plan and given the same Prime Family Enrollment Anniversary Calendar Date.

The second cross-system check will be between the MCSCs and DEERS. Except under certain circumstances[1], any MCSC data that does not match up with the DEERS enrollment data will be changed to reflect the values in DEERS. Once this check is complete, the enrollment information from the MCSCs and DEERS will be merged together and written to an output file. The MCSC data will be written to one of the sixteen MCSC output files (one for each region). After the DEERS 3.0 tables have been loaded and the conversion is complete and verified as successful, these files will be transferred to the MCSCs so their data can be reconciled.

[1] See Program Logic, Appendix 9.8.

1.2.3.3. Conversion Phase

1.2.3.3.1. Create HCDP, HCDP Enrollment and PCM Selection Records

In step one of the Conversion Phase, the merged MCSC/DEERS output file from the Reconciliation Phase will be further merged with the assigned HCDP file to create the HCDP, HCDP Enrollment, and PCM Selection records. Continuous Enrollment records will be translated into a single HCPD record[2], and the dates for the assigned HCDP records will be altered so that they are inserted into any break in an enrolled plan. In this manner, the HCDP table will be populated with records for assigned and enrolled coverage plans covering the full length of a beneficiary's eligibility. Each HCDP record representing an enrolled plan will also be translated into a PCM Selection record for that record. In addition, one HCDP Enrollment record will be created for the most current HCDP record representing an enrolled plan. The data targeted for each of the tables will be written to sequential load files in the format of the DEERS 3.0 tables.

1.2.3.3.2. Create the Prime Family Enrollment Year and HCDP Fee Payment Records

The second step converts the family enrollment and fee payment data from the merged MCSC/DEERS output file into the record format of the DEERS 3.0 Prime Family Enrollment Year and HCDP Fee Payment tables. The data targeted for each of these tables will be written to sequential load files.

1.2.3.4. Import Phase

The sequential load files created in the Conversion Phase will be loaded into the Oracle database on the mainframe, specifically into the tables for which they were formatted. After loading the data, the files will be validated using SQL scripts.

1.2.4. Objective

The objective of this task is to successfully reconcile any differences between the medical data stored in DEERS old eligibility, DEERS 2.0 and the MCSCs and convert it from its existing formats to its new format in DEERS 3.0.

[2] The specific mappings for each of the fields are included in Appendix 9.2.

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2. Referenced Documents

"DEERS/Medical Interface Operational Description Version 13," dated 19 March 1999.

"DEERS/Medical System/Subsystem Requirements Specification," dated September 1998.

"Defense Enrollment Eligibility Reporting System Data Dictionary," dated 2 November 1998. (This is the DEERS 3.0 Data Dictionary.)

Defense Enrollment Eligibility Report System Data Dictionary," dated September 1994. (This is DEERS Old Eligibility Data Dictionary.)

DEERS Data Model, "Benefits View of the E2R2 Database, Version 13," dated 29 March 1999.

DEERS Data Model, "Benefits Satellite Database, Version 13," dated 19 March 1999.

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3. Data Source

The following section describes the input files for the HCDP data conversion. The specific file layouts are shown in Appendix 9.2.1.

3.1. DEERS Old Eligibility Files

The DEERS files from the DEERS old eligibility system are stored at the EDS Auburn Hills System Management Center (AHSMC) in VSAM format. These files store data in three types of records: address, sponsor and dependent. The conversion process requires only the person identification and current alt-care information found on the sponsor and dependent records. Data from these files will be extracted, merged and sorted into one sequential file for use as an import into the conversion process.

3.2. Alt-Care History File

The Alt-Care History file is stored at the AHSMC in VSAM format. In DEERS old eligibility, each time a person enrolls in a new alt-care plan or changes the DMIS from which they receive care, the old alt-care information in the DEERS record is moved to a new record in the Alt-Care History file, and the new alt-care data is then stored in the DEERS record. If a person disenrolls without re-enrolling, the disenrollment date is entered on the DEERS record, but no record is created in the Alt-Care History file until he or she enrolls in a new plan. This file will be downloaded into a sequential file for use as an import into the conversion process.

3.3. MCSC Input Files

The MCSCs will create a sequential file of the current enrollment data for each region they support. The file will contain person identification and enrollment information. The MCSCs will be responsible for reconciling the data within each region; this reconciliation will include joining separate individual enrollments into one family enrollment. These sequential files will be transferred to the AHSMC for use as an import into the conversion process.

3.4. MCSC Fee Payment Input Files

The MCSCs will create a sequential file of the fee payment records for each region they support. The file will contain person identification and fee payment information. These sequential files will be transferred to the AHSMC for use as an import into the conversion process.

3.5. Assigned HCDP File

The assigned HCDP file will be generated in two steps. First, the benefits determination module will populate records in the Civilian Health Care Benefits and Direct Care Benefits tables in DEERS 2.0. Then a program will be executed to generate the assigned HCDPs for which each beneficiary is eligible and write this information to a sequential file. The record layout of the file

will be in the format of the HCDP table. This sequential file will be used as an import into the conversion process.

3.6. DMIS File

The DMIS file is stored at the AHSMC in VSAM format. This file contains a record of each DMIS, along with information about that DMIS. The conversion programs require this data in order to validate DMIS Identifiers and Region Codes.

3.7. Master Key File

The Master Key file will be created from the Benefits Satellite and Person tables in DEERS 2.0. This file will contain information that will allow the conversion programs to associate a person's identification information with their DEERS Identifier. There will be one record for each DEERS Identifier. Along with the DEERS Identifier, each record will contain the fields that are used as a key for DEERS old eligibility, DEERS 2.0, and the MCSCs.

4. Data Target

This section describes the output files for the HCDP data conversion. The specific file layouts are shown in Appendix 9.2.2.

4.1. HCDP Load File

The HCDP Load file will be created on the UNIX machine and populated during the Conversion Phase. When the Conversion Phase is complete, this file will be uploaded to the mainframe at the AHSMC, where it will be imported into the HCDP table in DEERS 3.0. The HCDP Load file will include all of the fields required to add a record to the HCDP table. When the conversion to DEERS 3.0 is complete, a copy of this file will be transferred back to the MCSCs so they can reconcile their data.

4.2. HCDP Enrollment Load File

The HCDP Enrollment Load file (HCDPENRL) will be created on the UNIX machine and populated during the Conversion Phase. When the Conversion Phase is complete, this file will be uploaded to the mainframe at the AHSMC, where it will be imported into the HCDP Enrollment table in DEERS 3.0. The HCDP Enrollment Load file will include all of the fields required to add a record to the HCDP Enrollment table. When the conversion to DEERS 3.0 is complete, a copy of this file will be transferred to the MCSCs so their data can be reconciled.

4.3. PCM Selection Load File

The PCM Selection Load file (PCMSEL) will be created on the UNIX machine and populated during the Conversion Phase. When the Conversion Phase is complete, it will be uploaded to the mainframe at the AHSMC, where it will be imported into the PCM Selection table in DEERS 3.0. The PCM Selection Load file will include all of the fields required to add a record to the PCM Selection table. When the conversion to DEERS 3.0 is complete, a copy of this file will be transferred to the MCSCs so their data can be reconciled.

4.4. Prime Family Enrollment Year Load File

The Prime Family Enrollment Year Load file (PFAMEYR) will be created on the UNIX machine and populated during the Conversion Phase. When the Conversion Phase is complete, it will be uploaded to the mainframe at AHSMC, where it will be imported into the Prime Family Enrollment Year table in DEERS 3.0. The Prime Family Enrollment Year Load file will include all of the fields required to add a record to the Prime Family Enrollment Year table. When the conversion to DEERS 3.0 is complete, a copy of this file will be transferred to the MCSCs so their data can be reconciled.

4.5. HCDP Fee Payment Load File

The HCDP Fee Payment Load file (HCDPFEE) will be created on the UNIX machine and populated in the Conversion Phase. When the Conversion Phase is complete, it will be uploaded to the mainframe at AHSMC, where it will be imported into the HCDP Fee Payment table in DEERS 3.0. The HCDP Fee Payment Load file will include all of the fields required to add a record to the HCDP Fee Payment table. When the conversion to DEERS 3.0 is complete, a copy of this file will be transferred to the MCSCs so their data can be reconciled.

4.6. MCSC Output Files

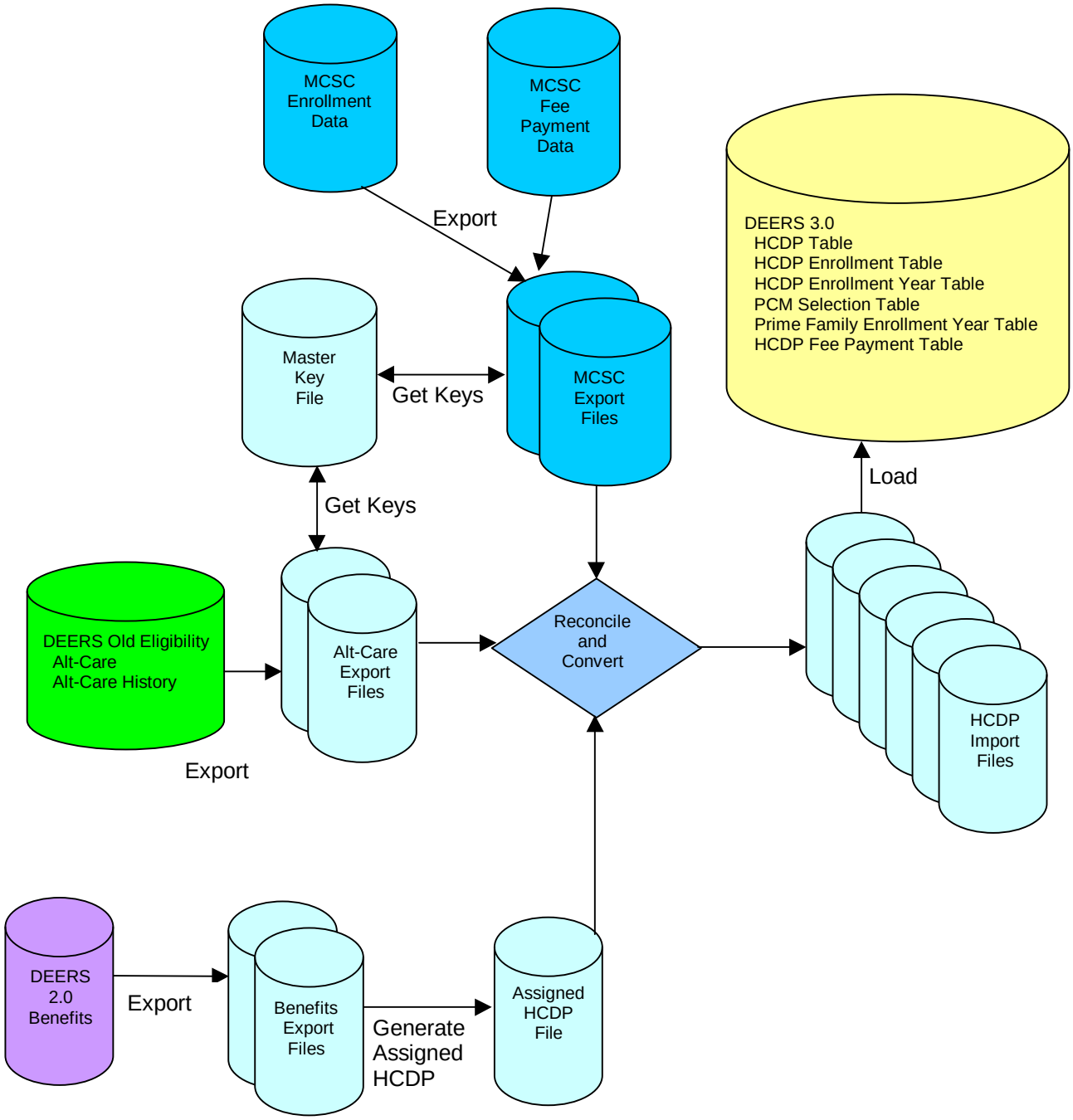
The MCSC output files (MCSC_O01-16) will be created on the UNIX machine and populated during the Reconciliation Phase. These files, one per region, will have the same format as the MCSC import files, along with the DEERS Identifier and flags to indicate which fields have had their data changed by the conversion process. When the conversion to DEERS 3.0 is complete, these output files will be transferred to the MCSCs so their data can be reconciled.

4.7. MCSC Fee Payment Output Files

The MCSC fee payment output files (MCSC_O01-16) will be created on the UNIX machine and propulated during the Reconciliation Phase. These files, one per region, will have the same format as the MCSC fee payment input files, along with the DEERS Identifier and flags to indicate which fields have had their data changed by the conversion process. When the conversion to DEERS 3.0 is complete, these output files will be transferred to the MCSCs so they can reconcile their data.

5. Data Flows and Events

The following diagram details, at a high level, the data flows and events that will occur in the HCDP data conversion.



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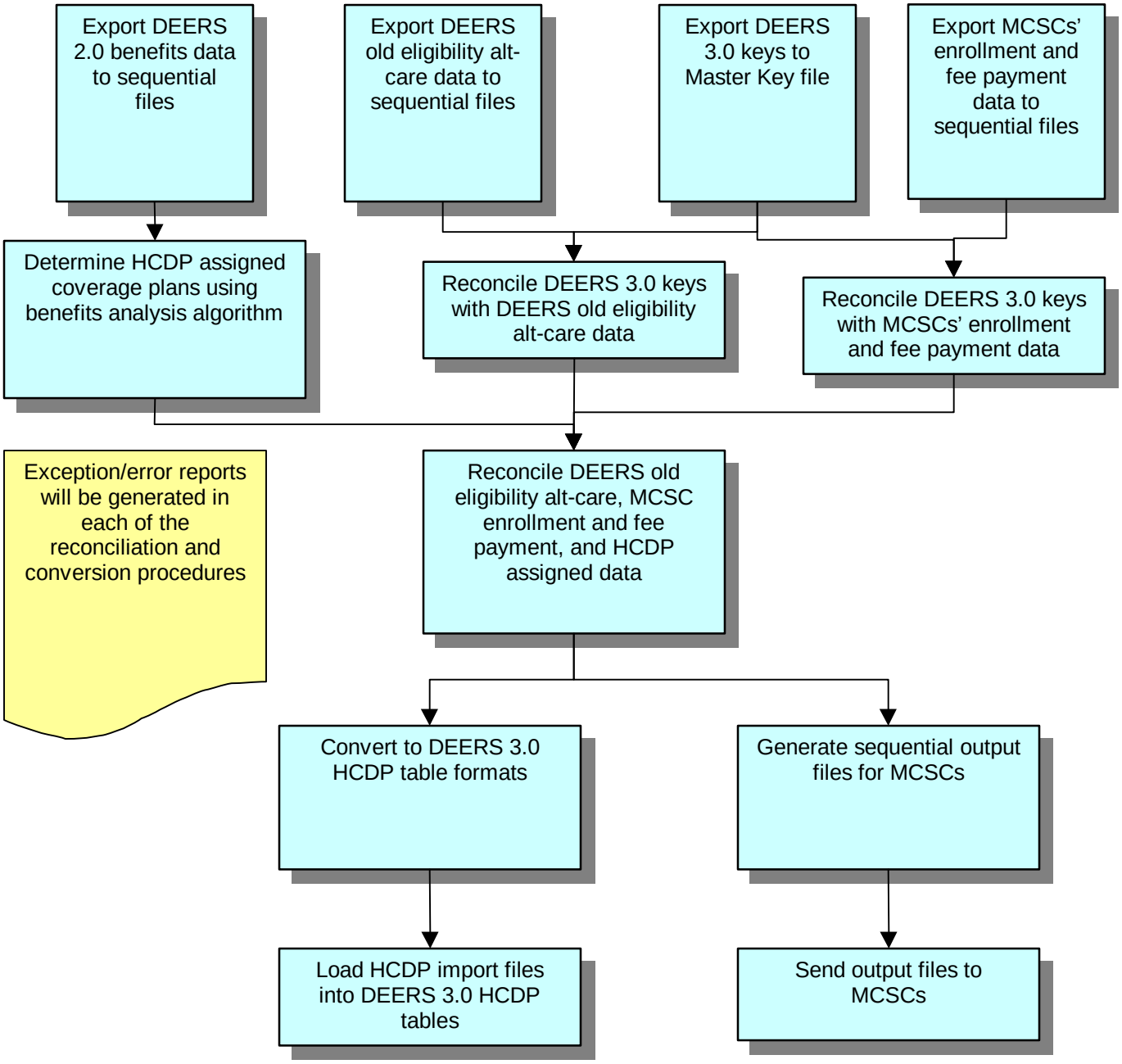
6. Process Flows

The following diagram details, at a high level, the process flow that will occur in the HCDP data conversion.



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7. Conversion Procedures

7.1. Export Phase

The following input files will be created and downloaded to the UNIX machine for processing.

- DEERS input file
- Alt-Care History input file
- 16 MCSC input files, one per region
- Assigned HCDP file
- DMIS file
- Master Key file

7.2. Reconciliation Phase

7.2.1. Create Assigned HCDP File

The following steps outline the general process:

- Use the DEERS 2.0 benefits tables to determine the periods that each beneficiary is eligible to receive health benefits.
- For each period of eligibility, create an assigned HCDP record.
  - Each HCDP record will be in the same format as the HCDP table in DEERS 3.0.
  - When a dependent is assigned a different plan than his or her sponsor, create an HCDP subscriber record for the sponsor.
- Write each assigned HCDP record to a flat file.

7.2.2. Validate Input Files and Get DEERS Identifiers

7.2.2.1. Inputs

- DEERS input file
- Alt-Care History input file
- MCSC input files
- DMIS file
- Master Key file

7.2.2.2. Process

- Read the DMIS file, loading all DMIS Identifiers and Region Codes into memory. This information will be used to validate the DMIS Identifier and to obtain the Region Code associated with that DMIS.
- Process the DEERS input file.
  - Read the DEERS input file and validate the data in each of the fields.
  - If any of the data is invalid, write the record to DEERS error file number 1 (DRSERR1) with the appropriate error code.
  - Determine the Region Code based upon the beneficiary's DMIS Identifier.
  - Use the Sponsor's Social Security number, Family Sequence number and DEERS Dependent Suffix to obtain the DEERS Identifier from the Master Key file.
  - Continue until all records in the file have been processed.
- Process the Alt-Care History input file.
  - Read the Alt-Care History input file and validate the data in each of the fields.

- If any of the data is invalid, write the record to the Alt-Care Error file (ALTCERR) with the appropriate error code.
- Determine the Region Code based upon the beneficiary's DMIS Identifier.
- Use the Sponsor's Social Security number, Family Sequence number and DEERS Dependent Suffix to obtain the DEERS Identifier from the Master Key file.
- Continue until all records in the file have been processed.

- Process the 16 MCSC input files, one file at a time.
  - Read the MCSC input file and validate the data in each of the fields.
  - If any of the data is invalid, write the record to one of the 16 MCSC region error files (MCSC_E01 - MCSC_E16), based upon region, with the appropriate error code.
  - Validate the Region Code using the DMIS Identifier. If the MCSC record does not contain a Region Code, determine it based upon the beneficiary's DMIS Identifier.
  - Use the MCSC person identification information to create a key to find the DEERS Identifier in the Master Key file.
    - For a sponsor, this key is the sponsor's SSN, along with either the sponsor's date of birth or the first three letters of the sponsor's last name.
    - The dependent key includes the entire sponsor key along with the DDS.
  - Continue until all records in the file have been processed.
  - Continue until all MCSC files have been processed.

7.2.2.3. Outputs

- If the BRAC Flag is 'Y' on a DEERS record, write the DEERS record to the BRAC file.
- If the ALT-CARE-FLAG is not blank, write the DEERS record to the current DEERS intermediate file number 1 (DRSCURR1).
- Write the Alt-Care History records to the DEERS Alt-Care History intermediate file (DRSHIST).
- Write the MCSC records to one of the MCSC intermediate files (MCSC_I01 - MCSC_I16), based upon the region (i.e., 16 files, one for each region).
- Write the DEERS error records to DRSERR1.
- Write the Alt-Care History error records to ALTCERR.
- Write the MCSC error records to MCSC_E01 – MCSC_E16.

7.2.3. Reconcile MCSC Data with the Assigned HCDP Data

7.2.3.1. Inputs

- 16 MCSC intermediate files (MCSC_I01 – MCSC_I16)
- Assigned HCDP file

7.2.3.2. Process

- Each MCSC intermediate file contains the data for one region.
- Create an index file for the Assigned HCDP file, with the DEERS Identifier as the primary key.
- Create an index file for each MCSC intermediate file, with the DEERS Identifier as the primary key.
- Compare the records within each region to its associated assigned HCDP, processing one MCSC file at a time.
  - Read the MCSC intermediate file, loading a family's MCSC records into memory.
  - Find the family's assigned HCDP records in the Assigned HCDP input file, using the DEERS Identifier on the MCSC record as the key.
  - Read the Assigned HCDP file, loading the family's assigned HCDP into memory.
  - Compare each family member's individual enrollment record to his or her Assigned HCDP record for that time segment.
  - If an individual is ineligible at any point during his or her enrollment, cut off the enrollment segment at that date (i.e., disenroll the individual on that date).
  - After the individual segments have been altered based on eligibility, update, if necessary, the family enrollment dates to match the individual segments.
  - Set the family enrollment begin and end dates to the earliest individual begin date and the latest individual end date, respectively.
  - Continue until all records in the file have been processed.
  - Continue until all MCSC intermediate files have been processed.

7.2.3.3. Outputs

- Write individual records to the MCSC intermediate file 2 (MCSCINT2). All regions will be written to the same file.
- Write records to the appropriate MCSC region error file (MCSC_E01 - MCSC_E16), if:
  - there are no Assigned HCDP records for a person,
  - an individual is ineligible for the entire MCSC enrollment period, or
  - there are multiple individual plans within the same family within the same region (these should have already been reconciled by the MCSCs).

7.2.4. Reconcile MCSC Records Across Regions

7.2.4.1. Inputs

- MCSC intermediate file (MCSCINT2)
- Assigned HCDP file

7.2.4.2. Process

- After the last step in Section 7.2.3., the MCSCINT2 intermediate file will contain the MCSC data for all regions, and will be sorted by region.
- Create an index file for the MCSCINT2 file with the DEERS Identifier as the primary key in order to compare each family across regions.
- Process the MCSCINT2 file.
  - Read the MCSCINT2 file until a family's MCSC records from across all regions are loaded into memory.
  - Find the family's Assigned HCDP records in the Assigned HCDP input file, using the DEERS Identifier on the MCSC record as the key.
  - Read the Assigned HCDP file, loading the family's Assigned HCDP into memory.
  - Merge the family begin and end dates from each MCSC record into one family enrollment period. This enrollment period will either be the first family enrollment period or the second individual enrollment period, whichever comes first.
  - After the family enrollment period is altered, update the begin and end enrollment dates for each record so that they fall within the family enrollment period.
  - If an individual's enrollment end date is extended, use the Assigned HCDP records to determine if the individual is eligible for this extension.
  - If an individual enrollment is changed to a family enrollment with a begin date after the original individual enrollment begin date, create a history segment starting at the original begin date and ending at the new begin date.
  - Continue until all records in the file have been processed.

7.2.4.3. Outputs

- Write any MCSC History records created during the above reconciliation to one of the 16 MCSC output files (MCSC_O01-16). These files will be sent back to the MCSCs when the conversion process is complete.
- Write the remaining MCSC records to the MCSCINT3 intermediate file.

7.2.5. Compare Current DEERS Alt-Care Records Against the Assigned HCDP

7.2.5.1. Inputs

- DRSCURR1 intermediate file
- Assigned HCDP file

7.2.5.2. Process

- Create an index file for the DRSCURR1 intermediate file with the DEERS Identifier as the primary key.
- Process the DRSCURR1 file against the Assigned HCDP file.
  - Read the DRSCURR1 file, loading a beneficiary's current DEERS alt-care records into memory.
  - Find the beneficiary's Assigned HCDP records in the Assigned HCDP file, using the DEERS Identifier on the DRSCURR1 record as the key.
  - Read the Assigned HCDP file, loading a beneficiary's Assigned HCDP records into memory.
  - If the alt-care record has an end date in the past (i.e., it is a history record), then skip it.
  - If the alt-care date is still effective, compare the alt-care dates to the assigned HCDP dates.
  - If the alt-care dates fall outside of the eligibility dates in the Assigned HCDP record, cut off the enrollment segment (i.e., set the alt-care date that proceeds or exceeds eligibility to the eligibility date [assigned HCDP date]).
  - Continue until all records in the DRSCURR1 file have been processed.

7.2.5.3. Outputs

- Write the alt-care records outputted from this process to the DRSCURR2 intermediate file.
- Write records to the DEERS error file DRSERR2 if there are no Assigned HCDP records for a beneficiary or if the beneficiary is ineligible for the entire enrollment segment.

7.2.6. Compare MCSC Records to Current DEERS Old Eligibility Alt-Care Records

7.2.6.1. Inputs

- DRSCURR2 intermediate file
- MCSCINT3 intermediate file
- Assigned HCDP file

7.2.6.2. Process

- Process the DRSCURR2 intermediate file against the MCSCINT3 intermediate file.
  - Read the DRSCURR2 file, loading a beneficiary's DEERS current Alt-Care records into memory.
  - Read the MCSCINT3 file, loading a beneficiary's MCSC records into memory.
  - If the individual has a DEERS record that is still active and requires an enrollment with the MCSCs, verify that the individual has an MCSC segment. If the individual does not, write the record to DRSERR3.
  - If the individual has an MCSC segment and does not have an active DEERS record, write the record to the appropriate MCSC region error file (MCSC_E01-MCSC_E16).
  - If the individual has both an active DEERS segment and an MCSC segment, compare the MCSC segment to the DEERS segment. If the MCSC segment falls outside of the DEERS segment, cut off the begin or end date appropriately so that the MCSC date matches the DEERS date.
  - Determine if the family enrollment dates should change based on any changes to the individual plans.
  - Change the family enrollment dates so they fall within the individual enrollment dates.
  - Merge the data from the MCSC record and the DEERS record into one record.
  - Continue until all records in the DRSCURR2 and MCSCINT3 file have been processed.

7.2.6.3. Outputs

- Write the MCSC records created during the above reconciliation to one of the 16 MCSC output files (MCSC_O01-16). These are the final files that will be sent back to the MCSCs.
- Write the merged Enrollment records to the ENRLCURR intermediate file.
- Write a record to the DEERS error file DRSERR3 if a DEERS segment exists for a beneficiary, but an MCSC segment does not.

- Write a record to one of the MCSC error files (MCSC_E01-MCSC_E16) if an MCSC segment exists for a beneficiary, but an active DEERS record does not.

7.3. Conversion Phase

7.3.1. Convert Merged Enrollment, Alt-Care History and MCSC Fee Payment Records to HCDP, HCDP Enrollment, PCM Selection, Prime Family Enrollment Year and HCDP Fee Payment Records

7.3.1.1. Inputs

- Assigned HCDP file
- DRSHIST intermediate file
- ENRLCURR intermediate file
- MCSC Fee Payment file

7.3.1.2. Process

- Create an index file for the DRSHIST file with the DEERS Identifier as the primary key.
- Process all input files:
  - Read the Assigned HCDP file, loading a family's records into memory.
  - Read the DRSHIST file, loading any DEERS Alt-Care History records for the family into memory.
  - Read the ENRLCURR file, loading any merged Enrollment records for the family into memory.
  - Read the MCSC Fee Payment file, loading any Fee Payment records for the family into memory.
  - For each family member, determine any continuous enrollment periods from the Alt-Care History and merged Enrollment records.
  - Create an HCDP record for each of the continuous enrollment periods and convert the alt-care field values to HCDP field values for the record's time segment.
  - If a beneficiary's eligibility changes during the continuous enrollment, check to see if the enrolled plan should change.
  - Create an HCDP Enrollment record for the current enrollment. Use the begin and end enrollment dates from the combined record.
  - Create PCM Selection records for each DEERS Alt-Care History and merged Enrollment record. If the HCDP record for the enrolled plan was broken up due to a change of assigned HCDP, split the PCM Selection segments at these dates.
  - If there are any periods of eligibility where the beneficiary is not enrolled, create Assigned HCDP records to fill in the gaps.
  - If any family member is enrolled in an HCDP plan requiring an enrollment anniversary date and fees, create a Prime Family Enrollment Year record, along with the associated HCDP Fee Payment records.
  - Continue until all records in the Assigned HCDP file have been processed.

7.3.1.3. Outputs

- Write HCDP records to the HCDP Load file in the format of the HCDP table.
- Write HCDP Enrollment records to the HCDP Enrollment Load file (HCDPENRL) in the format of the HCDP Enrollment table.
- Write PCM records to the PCM Selection Load file (PCMSEL) in the format of the PCM table.
- Write Prime Family Enrollment Year records to the Prime Family Enrollment Year Load file (PFAMEYR) in the format of the Prime Family Enrollment Year table.
- Write HCDP Fee Payment records to the HCDP Fee Payment Load file (HCDPFEE) in the format of the HCDP Fee Payment table.
- Write any error records to the DEERS error file DRSERR4.

7.4. Import Phase

7.4.1. Inputs

- HCDP Load file
- HCDPENRL Load file
- PCMSEL Load file
- PFAMEYR Load file
- HCDPFEE Load file

7.4.2. Process

- Upload the five HCDP-related sequential load files to the mainframe at the AHSMC.
- Load the HCDP sequential load file into the DEERS 3.0 HCDP table.
- Load the HCDPENRL sequential load file into the DEERS 3.0 HCDP Enrollment table.
- Load the PCMSEL sequential load file into the DEERS 3.0 PCM Selection table.
- Load the PFAMEYR sequential load file into the DEERS 3.0 Prime Family Enrollment Year table.
- Load the HCDPFEE sequential load file into the DEERS 3.0 HCDP Fee Payment table.
- Validate data in these five DEERS 3.0 tables using SQL validation scripts.

8. Error Files and Statistical Reports

8.1. Error Files

It is rare for data to be completely clean, that is, free of errors. This is particularly true when data is coming from different sources. Therefore, not all data can be properly converted and migrated. The HCDP data conversion modules will generate error files to identify where data problems exist so that they may researched and corrected.

Within one database, data problems may be referential (such as a dependent without a sponsor), relational (such as a begin date occurring after a date of death), or value related (such as an invalid Provider Type Code). Problems across databases exist when data representing the same entity is inconsistent. Though all errors will be reported, the decision to reject the record – that is, to not migrate any of its data to the new database – will be based upon the severity of the error.

The error files will list all errors encountered in the conversion/migration. Each record in error will be added with the key information necessary in order to identify it, along with an error code indicating the type of error involved. In addition, the record will contain a field flag to indicate whether or not the record was rejected.

8.2. Statistical Reports

The HCDP data conversion modules will produce statistical reports that relate the following information:

- Total of all records.
  - Number of records processed
  - Number of sponsor records processed
  - Number of dependent records processed
  - Number of errors by type
  - Error percentage by type
  - Error percentage
  - Number of HCDP records created
  - Number of HCDP Enrollment records created
  - Number of HCDP PCM Selection records created
  - Number of Prime Family Enrollment Year records created
  - Number of HCDP Fee Payment records created
  - Number of disenrollments
- Totals broken out by source (DEERS old eligibility, DEERS 2.0, or the MCSCs).
  - Number of records processed

  - Number of sponsor records processed
  - Number of dependent records processed
  - Number of errors by type
  - Error percentage by type
  - Error percentage
  - Number of HCDP records created
  - Number of HCDP Enrollment records created
  - Number of HCDP PCM Selection records created
  - Number of Prime Family Enrollment Year records created
  - Number of HCDP Fee Payment records created
  - Number of disenrollments
- Totals broken out by region (1 - 16).
  - Number of records processed
  - Number of sponsor records processed
  - Number of dependent records processed
  - Number of errors by type
  - Error percentage by type
  - Error percentage
  - Number of HCDP records created
  - Number of HCDP Enrollment records created
  - Number of HCDP PCM Selection records created
  - Number of Prime Family Enrollment Year records created
  - Number of HCDP Fee Payment records created
  - Number of disenrollments
  - Number of family plans created from individual plans
  - Number of individuals gained from other regions
  - Number of individual plans lost to other regions due to split enrollments
- Successful percentage of load records created by table.

9. Appendices

9.1. Acronyms

AFIP	Armed Forces Institute of Pathology
AHSMC	Auburn Hills System Management Center
ALTCER	Alt-Care error file
ALTCERR	Alt-Care History error file
BRAC	Base Realignment and Closure
CC&D	Catastrophic Cap and Deductible
CDCF	Central Deductible and Catastrophic Cap file
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
CHCBP	Continued Health Care Benefit Program
CHCS	Composite Health Care System
CONUS	Continental United States
DEERS	Defense Enrollment Eligibility Reporting System
DRSERR#	DEERS error file
DMDC	Defense Manpower Data Center
DMIS	Defense Military Information System
DoD	Department of Defense
DRSCURR#	Current DEERS intermediate file
DRSERR1	DEERS error records
DRSHIST	DEERS Alt-Care History intermediate file
DSO	Support Office
EDI	Electronic Data Interchange
ENRLCUR	Merged Enrollment records
EDS	Electronic Data Systems Corporation
FI	Fiscal Intermediary
GIQD	Government Inquiry of DEERS
HCDP	Health Care Delivery Program
HCDPENRL	HCDP Enrollment Load file
HCDPFEE	HCDP Fee Payment Load file
MCSC	Managed Care Support Contractor
MCSC_E#	MCSC error file
MCSC_I#	MCSC intermediate file
MCSCINT2	MCSC intermediate file 2
MCSCINT3	MCSC intermediate file 3
MCSC_O#	MCSC output file
MHS	Military Health System
NAS	Non-availability Statements
NOAA	National Oceanic and Atmospheric Administration
OCONUS	Outside of the Continental United States
OHI	Other Health Insurance
PCM	Primary Care Manager
PCMSEL	PCM Selection Load file
PGBA	Palmetto Government Benefits Administrators
PFAMEYR	Prime Family Enrollment Year Load file
RDBMS	Relational Database Management System
SIT	Standard Insurance Table
SQL	Structured Query Language
TMA	TRICARE Management Activity

USCG	United States Coast Guard
USFHP	Uniformed Services Family Health Plan
USPHS	United States Public Health Service
USTF	Uniformed Service Treatment Facility
VSAM	Virtual Storage Access Method
WPS	Wisconsin Physicians Service

9.2. File Layouts

9.2.1. Input File Layouts

9.2.1.1. DEERS Old Eligibility File (Approximately 17 million records)

Attribute Name	Field Name	Data Type	Field Length
Sponsor SSN	SPONSOR_SSN	NUMBER	9
Family Sequence Number	SPONSOR_FSN	NUMBER	1
DEERS Dependent Suffix	DDS	CHAR	2
Sponsor Status	SPON_STAT	CHAR	1
Alternate Care Flag	ALT_CARE_FLAG	CHAR	1
Alternate Care Start Date	ALT_CARE_START_DATE	NUMBER	9
Alternate Care End Date	ALT_CARE_END_DATE	NUMBER	9
DMIS Code	DMIS_CODE	NUMBER	4
PCM Code	PCM_CODE	CHAR	2
BRAC Pharmacy Flag	BRAC_FLAG	CHAR	1

9.2.1.2. DEERS Old Eligibility Alt-Care History File (Approximately xxx records)

Attribute Name	Field Name	Data Type	Field Length
Sponsor SSN	ALT_CARE_HISTORY_SPON_SSN	NUMBER	9
Family Sequence Number	ALT_CARE_HISTORY_FSN	NUMBER	1
DEERS Dependent Suffix	ALT_CARE_HISTORY_DDS	CHAR	2
Alternate Care Type	ALT_CARE_HISTORY_TYPE	CHAR	1
Alternate Care Start Date	ALT_CARE_HISTORY_ENRL_DATE	NUMBER	9
Alternate Care End Date	ALT_CARE_HISTORY_DISENRL_DATE	NUMBER	9
DMIS Code	ALT_CARE_HISTORY_DMIS	CHAR	4
PCM Code	ALT_CARE_HISTORY_PCM_CODE	CHAR	2

9.2.1.3. DEERS Old Eligibility DMIS File (Approximately 2,000 records)

Attribute Name	Field Name	Data Type	Field Length
DMIS Key	DMIS_KEY	CHAR	4
DMIS Region Code	DMIS_REGION_CODE	CHAR	2

9.2.1.4. Master Key File (Approximately 17 million records)

Attribute Name	Field Name	Data Type	Field Length
DEERS Family ID	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary ID	DEERS_BEN_ID	NUMBER	2
DMDC ID	DMDC_ID	NUMBER	9
Patient ID	PTNT_ID	NUMBER	9
Sponsor SSN	SPONSOR_SSN	NUMBER	9
Sponsor Last Name (1st 3 letters)	SPONSOR_LAST_NAME	CHAR	3
Sponsor Date of Birth	SPONSOR_DOB	NUMBER	8
Family Sequence Number	FSN	NUMBER	1
DEERS Dependent Suffix	DDS	CHAR	2
Dependent SSN	DEP_SSN	NUMBER	9
Dependent Relationship	DEP_RELATIONSHIP	CHAR	1
Dependent First Name	DEP_FIRST_NAME	CHAR	20
Dependent Date of Birth	DEP_DOB	NUMBER	8

9.2.1.5. MCSC Input File

Attribute Name	Field Name	Data Type	Field Length
Record Type Flag	MCSC_I_RECORD_TYPE	CHAR	1
Sponsor SSN	MCSC_I_SPON_SSN	NUMBER	9
Sponsor Last Name (1st 3 letters)	MCSC_I_SPON_LAST_NAME	CHAR	3
Sponsor Date of Birth	MCSC_I_SPON_DOB	NUMBER	8
Sponsor Status	MCSC_I_SPON_STATUS	CHAR	1
DEERS Dependent Suffix	MCSC_I_DDS	CHAR	2
Dependent SSN	MCSC_I_DEP_SNN	NUMBER	9
Dependent Relationship	MCSC_I_DEP_RELATIONSHIP	CHAR	1
Dependent First Name	MCSC_I_DEP_FIRST_NAME	CHAR	20
Dependent Date of Birth	MCSC_I_DEP_DOB	DATE	8
DMIS Identifier	MCSC_I_DMIS_ID	CHAR	4
Region Code	MCSC_I_REGION_CODE	CHAR	2
Enrollment Begin Date	MCSC_I_ENR_BEGIN_DATE	DATE	8
Enrollment End Date	MCSC_I_ENR_END_DATE	DATE	8
Primary Care Manager Code	MCSC_I_PCM_CODE	CHAR	2
Primary Care Manager Identifier	MCSC_I_PCM_ID	CHAR	12
Primary Care Manager Begin Date	MCSC_I_PCM_BEGIN_DATE	DATE	8
Individual/Family Flag	MCSC_I_FAMILY_FLAG	CHAR	1
Fee Waiver Flag	MCSC_I_FEE_WAIVER_FLAG	CHAR	1
Family Enrollment Begin Date	MCSC_I_FAM_ENR_BEG_DT	DATE	8
Family Enrollment End Date	MCSC_I_FAM_ENR_END_DT	DATE	8
Enrollment Status Code	MCSC_I_ENR_STS_CD	CHAR	1
Family Enrollment Plan Fee Flag	MCSC_I_FAM_ENR_FEE_FLAG	CHAR	1

9.2.1.6. MCSC Fee Payment Input File

Attribute Name	Field Name	Data Type	Field Length
Sponsor SSN	MCSC_I_SPON_SSN	NUMBER	9
Sponsor Last Name (1st 3 letters)	MCSC_I_SPON_LAST_NAME	CHAR	3
Sponsor Date of Birth	MCSC_I_SPON_DOB	NUMBER	8
Fee Payment Date	MCSC_I_FEE_PMT_DT	DATE	8
Fee Payment Paid Through Date	MCSC_I_FEE_PMT_PD_TRU_DT	DATE	8
Fee Payment Plan Type Code	MCSC_I_FEE_PLN_TYP_CD	CHAR	1
Fee Payment Total Dollar Amount	MCSC_I_FEE_PMT_TOT_AM	NUMBER	8
Fee Payment Status Code	MCSC_I_FEE_PMT_STAT_CD	CHAR	1

9.2.2. Load File Layouts

9.2.2.1. HCDP Load and Assigned HCDP Files

Attribute Name	Field Name	Data Type	Field Length
DEERS Family Identifier	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary Identifier	DEERS_BNFRY_ID	NUMBER	2
Health Care Delivery Program Type Code	HCDP_TYP_CD	CHAR	1
Health Care Delivery Program Plan Coverage Code	HCDP_PLN_CVG_CD	NUMBER	2
Health Care Delivery Program Segment Identifier	HCDP_SEG_ID	NUMBER	3
Health Care Delivery Program Begin Calendar Date	HCDP_BGN_DT	DATE	8
Health Care Delivery Program Projected Calendar End Date	HCDP_PE_DT	DATE	8
Health Care Delivery Program Projected Calendar End Date Certainty Code	HCDP_PEDC_CD	CHAR	1
Health Care Delivery Program Termination Calendar Date	HCDP_TERM_DT	DATE	8
Health Care Delivery Program Termination Reason	HCDP_TRSN_CD	CHAR	1
Health Care Delivery Program Person Role Code	HCDP_PN_ROLE_CD	CHAR	1

9.2.2.2. HCDP Enrollment Load File

Attribute Name	Field Name	Data Type	Field Length
DEERS Family Identifier	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary Identifier	DEERS_BNFRY_ID	NUMBER	2
Health Care Delivery Program Type Code	HCDP_TYP_CD	CHAR	1
Health Care Delivery Program Plan Coverage Code	HCDP_PLN_CVG_CD	NUMBER	2
Health Care Delivery Program Segment Identifier	HCDP_SEG_ID	NUMBER	3
Health Care Delivery Program Enrollment Segment Identifier	HCDP_ENRL_SEG_ID	NUMBER	3
Health Care Delivery Program Enrollment Management System Identifier	HCDP_ENRL_MSYS_ID	NUMBER	7
Health Care Delivery Program Prior Enrollment Management System Identifier	HCDP_PMSYS_ID	NUMBER	7
Health Care Delivery Program Prior Enrollment Management System Verification Status Code	HCDP_PMSTS_VER_STAT_CD	CHAR	1
Health Care Delivery Program Prior Enrollment Management System Verification Calendar Date/Time	HCDP_PMSTS_VER_DT_TM	DATE/ TIME	14
Health Care Delivery Program Enrollment Status Code	HCDP_ENR_STS_CD	CHAR	1
Health Care Delivery Program Enrollment Begin Date	HCDP_ENRL_BGN_DT	DATE	8
Health Care Delivery Program Enrollment Projected End Calendar Date	HCDP_ENRL_PE_DT	DATE	8
Health Care Delivery Program Enrollment Projected End Calendar Date Certainty Code	HCDP_ENRL_PEDC_CD	CHAR	1
Health Care Delivery Program Enrollment Termination Calendar Date	HCDP_ENRL_TERM_DT	DATE	8
Health Care Delivery Program Enrollment Termination Reason Code	HCDP_ENRL_TRSN_CD	CHAR	1

9.2.2.3. PCM Selection Load File

Attribute Name	Field Name	Data Type	Field Length
DEERS Family Identifier	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary Identifier	DEERS_BNFRY_ID	NUMBER	2
Health Care Delivery Program Type Code	HCDP_TYP_CD	CHAR	1
Health Care Delivery Program Plan Coverage Code	HCDP_PLN_CVG_CD	NUMBER	2
Health Care Delivery Program Segment Identifier	HCDP_SEG_ID	NUMBER	3
Health Care Delivery Program Enrollment Segment Identifier	HCDP_ENRL_SEG_ID	NUMBER	3
Health Care Delivery Program Region Identifier	HCDP_RGN_ID	NUMBER	4
Primary Care Manager Network Provider Type Code	PCM_PROV_TYP_CD	CHAR	1
Primary Care Manager Selection Segment Identifier	PCM_SLCT_SEG_ID	NUMBER	3
Primary Care Manager Identifier	PCM_ID	NUMBER	12
Primary Care Manager Identifier Type Code	PCM_ID_TYPE_CD		
Primary Care Manager Enrolling Division DMIS Identifier	PCM_ENRL_DIV_DMIS_ID	NUMBER	4
Primary Care Manager Enrolling System Identifier	PCM_ENRL_DSYS_ID	NUMBER	7
Primary Care Manager Prior Enrolling Division System Identifier	PCM_PDSYS_ID	NUMBER	7
Primary Care Manager Enrolling Division System Verification Status Code	PCM_PDSYS_VER_STAT_CD	CHAR	1
Primary Care Manager Prior Enrolling Division System Verification Calendar Date/Time	PCM_PDSYS_VER_DT_TM	DATE/ TIME	14
Primary Care Manager Selection Begin Date	PCM_SLCT_BGN_DT	DATE	8
Primary Care Manager Selection Projected End Date	PCM_SLCT_PE_DT	DATE	8
Primary Care Manager Selection Projected End Calendar Date Certainty Code	PCM_SLCT_PEDC_CD	CHAR	1
Primary Care Manager Selection Termination Calendar Date	PCM_SLCT_TERM_DT	DATE	8
Primary Care Manager Selection Termination Reason Code	PCM_SLCT_TRSN_CD	CHAR	1

9.2.2.4. Primary Family Enrollment Year Load File

Attribute Name	Field Name	Data Type	Field Length
DEERS Family Identifier	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary Identifier	DEERS_BNFRY_ID	NUMBER	2
Prime Family Enrollment Year Segment Identifier	FAM_ENR_YR_SEG_ID	NUMBER	3
Prime Family Enrollment Anniversary Calendar Date	HCDP_ENRL_ANVRY_DT	DATE	8
Prime Family Enrollment Year Enrollment Fee Payment Plan Type Code	FAM_ENR_YR_FEE_TYP_CD	CHAR	1
Prime Family Enrollment Year Update Date/Time	FAM_ENR_YR_UP_DT_TM	DATE/ TIME	14

9.2.2.5. HCDP Fee Payment Load File

Attribute Name	Field Name	Data Type	Field Length
DEERS Family Identifier	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary Identifier	DEERS_BNFRY_ID	NUMBER	2
Health Care Delivery Program Fee Payment Segment Identifier	HCDP_FEE_SEG_ID	NUMBER	3
Prime Family Enrollment Year Segment Identifier	Code Generated	NUMBER	2
Health Care Delivery Program Fee System Identifier	HCDP_ENRL_FSYS_ID	NUMBER	7
Health Care Delivery Program Prior Enrollment Fee System Identifier	HCDP_PRIOR_ENRL_FSYS_ID	NUMBER	7
Health Care Delivery Program Prior Enrollment Verification Status Code	HCDP_PFSYS_VER_STAT_CD	CHAR	1
Health Care Delivery Program Prior Enrollment Fee System Verification Status Calendar Date/Time	HCDP_PFSYS_VER_DT_TM	DATE/ TIME	14
Health Care Delivery Program Enrollment Fee Status Code	HCDP_ENRL_FEE_STAT_CD	CHAR	1
Health Care Delivery Program Enrollment Fee Payment Calendar Date	HCDP_FEE_PMT_DT	DATE	8
Health Care Delivery Program Enrollment Fee Payment Plan Type Code	HCDP_FEE_PMT_PLN_TYP_CD	CHAR	1
Health Care Delivery Program Enrollment Fee Payment Dollar Amount	HCDP_FEE_PMT_TOT_AM	NUMBER	7
Health Care Delivery Program Enrollment Fee Payment Applied Dollar Amount	HCDP_FEE_PMT_APPLD_AM	NUMBER	7

9.2.2.6. MCSC Output File

Attribute Name	Field Name	Data Type	Field Length
Record Type Flag	MCSC_O_RECORD_TYPE	CHAR	1
DEERS Family Identifier	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary Identifier	DEERS_BNFRY_ID	NUMBER	2
Sponsor SSN	MCSC_O_SPON_SSN	NUMBER	9
Sponsor Last Name (1st 3 letters)	MCSC_O_SPON_LAST_NAME	CHAR	3
Sponsor Date of Birth	MCSC_O_SPON_DOB	NUMBER	8
Sponsor Status	MCSC_O_SPON_STATUS	CHAR	1
DMIS Identifier	MCSC_O_DMIS_ID	CHAR	4
Region Code	MCSC_O_REGION_CODE	CHAR	2
Enrollment Begin Date	MCSC_O_ENR_BEGIN_DATE	NUMBER	8
Enrollment End Date	MCSC_O_ENR_END_DATE	NUMBER	8
Primary Care Manager Code	MCSC_O_PCM_CODE	CHAR	2
Primary Care Manager Identifier	MCSC_O_PCM_ID	CHAR	12
Primary Care Manager Begin Date	MCSC_O_PCM_BEGIN_DATE	NUMBER	8
Fee Flag	MCSC_O_FEE_FLAG	CHAR	1
Individual/Family Flag	MCSC_O_FAMILY_FLAG	CHAR	1
Family Enrollment Begin Date	MCSC_O_FAM_ENR_BEGIN_DATE	NUMBER	8
Family Enrollment End Date	MCSC_O_FAM_ENR_END_DATE	NUMBER	8
DEERS Dependent Suffix	MCSC_O_DDS	CHAR	2
Dependent SSN	MCSC_O_DEP_SSN	NUMBER	9
Dependent Relationship	MCSC_O_DEP_RELATIONSHIP	CHAR	1
Dependent First Name	MCSC_O_DEP_FIRST_NAME	CHAR	20
Dependent Date of Birth	MCSC_O_DEP_DOB	NUMBER	8
Sponsor Status Change Flag	MCSC_O_SPON_STAT_CHG_FLAG	CHAR	1
DMIS Identifier Change Flag	MCSC_O_DMIS_ID_CHG_FLAG	CHAR	41
Region Code Change Flag	MCSC_O_REGN_CD_CHG_FLAG	CHAR	1
Enrollment Begin Date Change Flag	MCSC_O_ENR_BEG_DT_CHG_FLAG	CHAR	1
Enrollment End Date Change Flag	MCSC_O_ENR_END_DT_CHG_FLAG	CHAR	1
Individual/Family Change Flag	MCSC_O_FAM_FLAG_CHG_FLAG	CHAR	1
Family Enrollment Begin Date Change Flag	MCSC_O_FAM_ENR_BEG_DT_CHG_FLAG	CHAR	1
Family Enrollment End Date Change Flag	MCSC_O_FAM_ENR_END_DT_CHG_FLAG	CHAR	1
Error Code	MCSC_O_ERROR_CODE	CHAR	11

9.2.2.7. MCSC Fee Payment Output File

Attribute Name	Field Name	Data Type	Field Length
DEERS Family Identifier	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary Identifier	DEERS_BNFRY_ID	NUMBER	2
Sponsor SSN	MCSC_O_SPON_SSN	NUMBER	9
Sponsor Last Name (1st 3 letters)	MCSC_O_SPON_LAST_NAME	CHAR	3
Sponsor Date of Birth	MCSC_O_SPON_DOB	NUMBER	8
Fee Payment Date	MCSC_O_FEE_PMT_DT	DATE	8
Fee Payment Paid Through Date	MCSC_O_FEE_PMT_PD_TRU_DT	DATE	8
Fee Payment Plan Type Code	MCSC_O_FEE_PLN_TYP_CD	CHAR	1
Fee Payment Total Dollar Amount	MCSC_O_FEE_PMT_TOT_AM	NUMBER	8
Fee Payment Status Code	MCSC_O_FEE_PMT_STAT_CD	CHAR	1
Fee Payment Paid Through Date Change Flag	MCSC_O_FEE_PMT_PD_TRU_DT_CHG_FLAG	CHAR	1
Fee Payment Plan Type Code Change Flag	MCSC_O_FEE_PLN_TYP_CD_CHG_FLAG	CHAR	1
Fee Payment Total Dollar Amount Change Flag	MCSC_O_FEE_PMT_TOT_AM_CHG_FLAG	CHAR	1
Fee Payment Status Code Change Flag	MCSC_O_FEE_PMT_STAT_CD_CHG_FLAG	CHAR	1
Error Code	MCSC_O_ERROR_CODE	CHAR	11

9.3. Map of Target Fields from Source Fields

9.3.1. HCDP Table

Target Field Name (HCDP Table)	Target Data Type	Field Length	Source Field Name
DEERS_FAM_ID	NUMBER	9	SPN_DEERS_FAM_ID
DEERS_BNFRY_ID	NUMBER	2	SPN_DEERS_BNFRY_ID
HCDP_TYP_CD	CHAR	1	Derive from ALT_CARE_FLAG (or ALT_CARE_HISTORY_TYPE) and BRAC_FI
HCDP_PLN_CVG_CD	NUMBER	2	Derive from ALT_CARE_FLAG (or ALT_CARE_HISTORY_TYPE) and Assigned HCDP_TYP_CD
HCDP_SEG_ID	NUMBER	3	Code Generated
HCDP_BGN_DT	DATE	8	Derive from ALT_CARE_START_DATE (or ALT_CARE_HISTORY_ENRL_DATE) and Assigned HCDP_BGN_DT
HCDP_PE_DT	DATE	8	Derive from ALT_CARE_END_DATE (or ALT_CARE_HISTORY_DISENRL_DATE) an Assigned HCDP_PE_DT
HCDP_PEDC_CD	CHAR	1	Assigned HCDP_PEDC_CD
HCDP_TERM_DT	DATE	8	Derive from ALT_CARE_END_DATE (or ALT_CARE_HISTORY_DISENRL_DATE) an Assigned HCDP_TERM_DT
HCDP_TRSN_CD	CHAR	1	Assigned HCDP_TRSN_CD
HCDP_PN_ROLE_CD	CHAR	1	Assigned HCDP_PN_ROLE_CD

9.3.2. HCDP Enrollment Table

Target Field Name (HCDP Enrollment Table)	Target Data Type	Field Length	Source Field Name
DEERS_FAM_ID	NUMBER	9	SPN_DEERS_FAM_ID
DEERS_BNFRY_ID	NUMBER	2	SPN_DEERS_BNFRY_ID
HCDP_TYP_CD	CHAR	1	Derive from ALT_CARE_FLAG (or ALT_CARE_HISTORY_TYPE) and BRAC_FI
HCDP_PLN_CVG_CD	NUMBER	2	Derive from ALT_CARE_FLAG (or ALT_CARE_HISTORY_TYPE) and Assigned HCDP_TYP_CD
HCDP_SEG_ID	NUMBER	3	Code Generated
HCDP_ENRL_SEG_ID	NUMBER	3	Code Generated
HCDP_ENRL_MSYS_ID	NUMBER	7	?????
HCDP_PMSYS_ID	NUMBER	7	Not populated on initial load
HCDP_PMSTS_VER_ STAT_CD	CHAR	1	Not populated on initial load
HCDP_PMSTS_VER_ DT_TM	DATE /TIME	14	Not populated on initial load
HCDP_ENR_STS_CD	CHAR	1	ENR_STS_CD
HCDP_ENRL_BGN_DT	DATE	8	Derive from ALT_CARE_START_DATE (or ALT_CARE_HISTORY_ENRL_DATE) and Assigned HCDP_BGN_DT
HCDP_ENRL_PE_DT	DATE	8	Derive from ALT_CARE_END_DATE (or ALT_CARE_HISTORY_DISENRL_DATE) an Assigned HCDP_PE_DT
HCDP_ENRL_PEDC_CD	CHAR	1	Assigned HCDP_PEDC_CD
HCDP_ENRL_TERM_DT	DATE	8	Derive from ALT_CARE_END_DATE (or ALT_CARE_HISTORY_DISENRL_DATE) an Assigned HCDP_TERM_DT
HCDP_ENRL_TRSN_CD	CHAR	1	Assigned HCDP_TRSN_CD

9.3.3. PCM Selection Table

Target Field Name (PCM Table)	Target Data Type	Field Length	Source Field Name
DEERS_FAM_ID	NUMBER	9	SPN_DEERS_FAM_ID
DEERS_BNFRY_ID	NUMBER	2	SPN_DEERS_BNFRY_ID
HCDP_TYP_CD	CHAR	1	Derive from ALT_CARE_FLAG (or ALT_CARE_HISTORY_TYPE) and BRAC_FI
HCDP_PLN_CVG_CD	NUMBER	2	Derive from ALT_CARE_FLAG (or ALT_CARE_HISTORY_TYPE) and Assigned HCDP_TYP_CD
HCDP_SEG_ID	NUMBER	3	Code Generated
PCM_RGN_ID	NUMBER	2	Derive from DMIS file
PCM_PROV_TYP_CD	CHAR	1	MCSC_I_PCM_PRV_TYPE_CD or PCM_PROV_TYP_CD
PCM_SLCT_SEG_ID	NUMBER	3	Code Generated
PCM_ENRL_DSYS_ID	NUMBER	7	DMIS_KEY
PCM_SEG_ID	NUMBER	3	Code Generated
PCM_ENRL_DIV_DMIS_ID	NUMBER	4	MCSC_I_DMIS_ID or DMIS_CODE
PCM_ID	NUMBER	12	MCSC_I_PCM_ID
PCM_ID_TYPE_CD	CHAR	1	MCSC_I_PCM_CODE and (ALT_CARE_HISTORY_PCM_CODE or PCM_CODE)
PCM_SLCT_BGN_DT	DATE	8	Derive from ALT_CARE_START_DATE (or ALT_CARE_HISTORY_ENRL_DATE) and Assigned HCDP_BGN_DT
PCM_SLCT_PE_DT	DATE	8	Derive from ALT_CARE_END_DATE (or ALT_CARE_HISTORY_DISENRL_DATE) an Assigned HCDP_PE_DT
PCM_SLCT_PEDC_CD	CHAR	1	Assigned HCDP_PEDC_CD
PCM_SLCT_TERM_DT	DATE		Derive from ALT_CARE_END_DATE (or ALT_CARE_HISTORY_DISENRL_DATE) an Assigned HCDP_TERM_DT
PCM_SLCT_TRSN_CD	CHAR	1	Assigned HCDP_TRSN_CD

9.3.4. Prime Family Enrollment Year Table

Target Field Name (Prime Family Enrollment Year Table)	Target Data Type	Field Length	Source Field Name
DEERS_FAM_ID	NUMBER	9	SPN_DEERS_FAM_ID
DEERS_BNFRY_ID	NUMBER	2	SPN_DEERS_BNFRY_ID
PRI_FAM_ENR_YR_ SEG_ID	NUMBER	3	Code Generated
HCDP_ENRL_ANVRY_DT	DATE	8	Code Generated
FAM_FEE_PMT_PLN_ TYP_CD	CHAR	1	MCSC_I_FEE_PLN_TYP_CD
FAM_ENR_YR_UP_ DT_TM	NUMBER	14	Code Generated

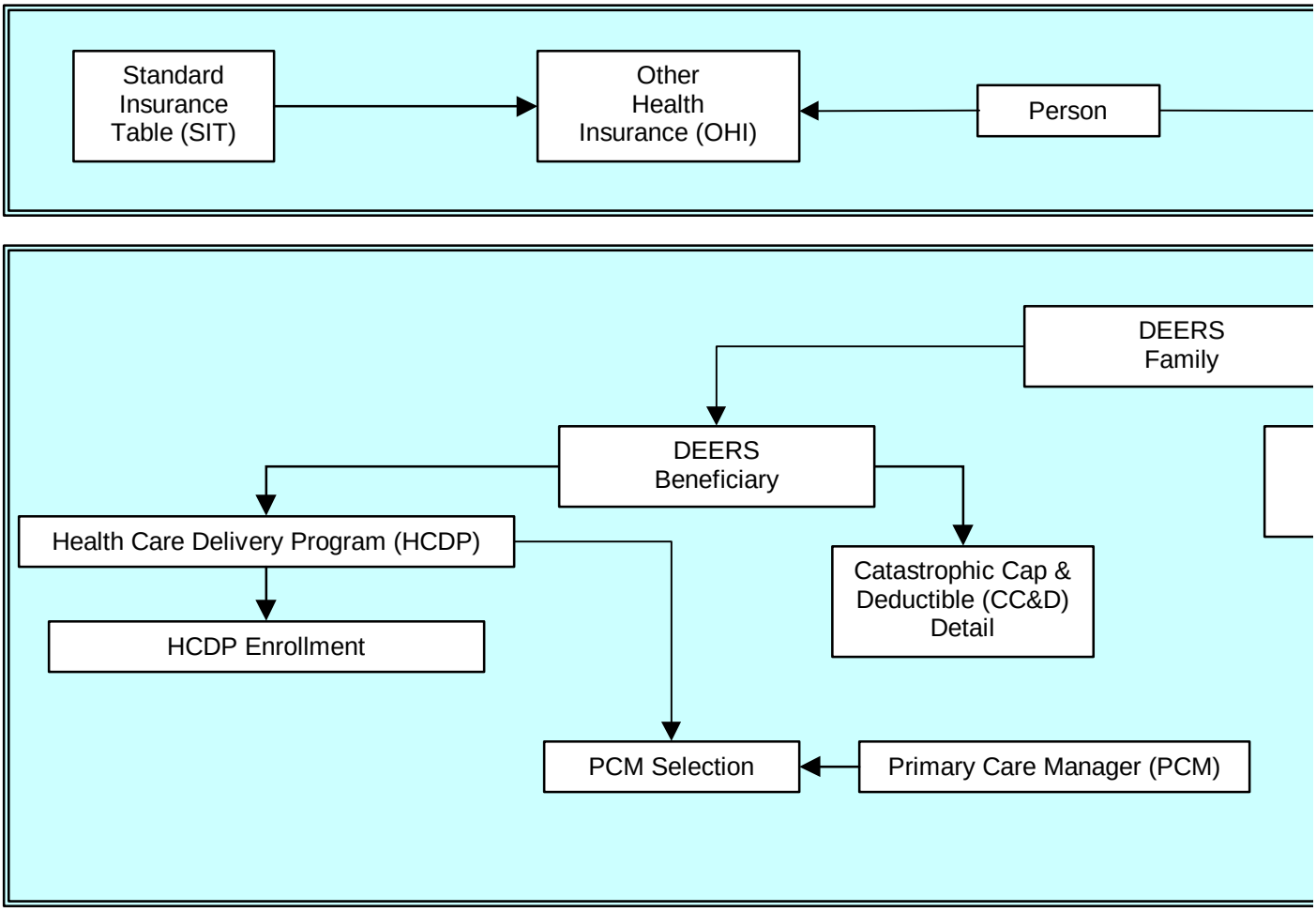
9.3.5. HCDP Fee Payment Table

Target Field Name (HCDP Fee Payment Table)	Target Data Type	Field Length	Source Field Name
DEERS_FAM_ID	NUMBER	9	SPN_DEERS_FAM_ID
DEERS_BNFRY_ID	NUMBER	2	SPN_DEERS_BNFRY_ID
HCDP_FEE_SEG_ID	NUMBER	3	Code Generated
HCDP_ENRL_FSYS_ID	NUMBER	7	MCSC_I_DMIS_ID
HCDP_PRIOR_ENRL_FSYS_ID	NUMBER	7	Not populated on initial load
HCDP_PFSYS_VER_STAT_CD	CHAR	1	Not populated on initial load
HCDP_PFSYS_VER_DT_TM	DATE/ TIME	14	Not populated on initial load
HCDP_ENRL_FEE_STAT_CD	CHAR	1	MCSC_I_ENR_STS_CD
HCDP_FEE_PMT_DT	DATE	8	MCSC_I_FEE_PMT_DT
HCDP_FEE_PMT_PLN_TYP_CD	CHAR	1	MCSC_I_FEE_PLN_TYP_CD
HCDP_FEE_PMT_TOT_AM	NUMBER	7	MCSC_I_FEE_PMT_TOT_AM

9.4. Error Code Definitions

Error Code	Variable Name	Error Description
E0000000001	errInvSsn	Sponsor's SSN contains invalid characters or is not within valid range
E0000000002	errInvFsn	Invalid Family Sequence Number
E0000000004	errInvDds	Invalid DEERS Dependent Suffix
E0000000016	errInvDt	Invalid Date
E0000000032	errInvDmisId	Invalid DMIS Code
E0000000064	errInvRgnCd	Invalid Region Code
E0000000128	errPersonNotFound	Unable to match DEERS old eligibility key to DEERS 3.0 key
E0000000256	errInvSpnStatus	Invalid Sponsor Status
E0000000512	errInvAcFlag	Invalid Alt-Care Flag
E0000001024	errInvPcmCd	Invalid PCM Code
E0000002048	errInvBracFlag	Invalid BRAC Flag
E0000004096	errInvRecordType	Invalid Record Type
E0000008192	errInvName	Invalid Name
E0000016384	errInvFeeFlag	Invalid Fee Flag
E0000032768	errInvIndFamFlag	Invalid Individual/Family Flag
E0000065536	errInvDeptRel	Invalid Dependent Relationship
E0000131072	errInvEnrlPd	Enrollment Start Date prior Enrollment End Date
E0000262144	errDmisRgnConflict	The Region Code is invalid for DMIS Code
E0000524288	errPersonNotElig	Person is ineligible for enrollment
E0001048576	errMcscNotReconcile	MCSC records not reconciled within a region
E0002097152	errDeersWoMcsc	A DEERS enrollment exists without matching MCSC enrollment
E0004194304	errLegMcscDmisConflict	DEERS Old Eligibility DMIS Code does not match MCSC DMIS Code

9.5. DEERS 3.0 High Level Data Model



9.6. Data Conversion Data Elements

Alternate Care End Date

Definition: Date of the projected end of CHAMPUS alternate care eligibility.

Display Length: 8

Valid Values: YYYYMMDD – Date
19000101 – 20991231
99999999 = Indefinite
00000000 = No CHAMPUS alternate care end date

Entity List
DEERS Old Eligibility File – ALT_CARE_END_DATE
DEERS Old Eligibility Alt-Care History File – ALT_CARE_HISTORY_DISENRL_DATE

Alternate Care Flag

Definition: Code indicating the type of CHAMPUS alternate care for the period specified by the alternate care start and end dates.

Display Length: 1

Valid Values: A = Managed Care Program (MCP)
D = Managed Care Program (MCP)
E = Managed Care Program (MCP)
G = Is or had been enrolled in U.S. Army CAM, Ft. Sill
H = Is or had been enrolled in U.S. Army CAM, Ft. Carson
J = Is or had been enrolled in Med Excel, Bergstrom AFB
K = Is or had been enrolled in Med Excel, Luke/Williams AFB
P = Is or had been enrolled in CHAMPUS PRIME
S = Continued Health Care Benefit Program
U = Uniformed Services Treatment Facility – Managed Care Program\
Blank = Sponsor has not been enrolled in a CHAMPUS alternate care program

Entity List
DEERS Old Eligibility File – ALT_CARE_FLAG
DEERS Old Eligibility Alt-Care History File – ALT_CARE_HISTORY_TYPE

Alternate Care Start Date

Definition: Actual date CHAMPUS alternate care eligibility began.

Display Length: 8

Valid Values: YYYYMMDD – Date
19000101 – 20991231
00000000 = No CHAMPUS alternate care start date

Entity List
DEERS Old Eligibility File – ALT_CARE_START_DATE
DEERS Old Eligibility Alt-Care History File – ALT_CARE_HISTORY_ENRL_DATE

BRAC Flag

Definition: Code indicating eligibility for pharmacy and mail order prescription benefits due to a base closure.

Display Length: 1

Valid Values: Y = Yes
N = No
Blank = No

Entity List
DEERS Old Eligibility File – BRAC_FLAG

DEERS Beneficiary Identifier

Definition: The generated number that uniquely identifies a family member for the purposes of DoD benefits.

Display Length: 2

Valid Values
01-99

Entity List
Health Care Delivery Program File - DEERS_ BNFRY _ID
Health Care Delivery Program Enrollment File - DEERS_ BNFRY _ID
Primary Care Manager Selection File - DEERS_ BNFRY _ID
Primary Family Enrollment Year File - DEERS_FAM_ID
Health Care Delivery Program Fee Payment File - DEERS_FAM_ID
Managed Care Support Contractor Output File – DEERS_BNFRY_ID
Managed Care Support Contractor Fee Payment Output File – DEERS_BNFRY_ID

DEERS Family Identifier

Definition: The generated number that uniquely identifies a family for the purpose of DoD benefits.

Display Length: 9

Valid Values:

1-999999999

Entity List
Health Care Delivery Program File - DEERS_FAM_ID
Health Care Delivery Program Enrollment File - DEERS_FAM_ID
Primary Care Manager Selection File - DEERS_FAM_ID
Primary Family Enrollment Year File - DEERS_FAM_ID
Health Care Delivery Program Fee Payment File - DEERS_FAM_ID
Managed Care Support Contractor Output File – DEERS_FAM_ID
Managed Care Support Contractor Fee Payment Output File – DEERS_FAM_ID

Dependent Date of Birth

Definition: The date when a dependent was born

Display Length: 8

Valid Values: YYYYMMDD – Date

Entity List
Master Key File – DEP_DOB
Managed Care Support Contractor Input File – MCSC_I_DEP_DOB
Managed Care Support Contractor Output File – MCSC_O_DEP_DOB

Dependent First Name

Definition: Dependent's First Name

Display Length: 20

Valid Values: A – Z, hyphen, apostrophe, period

Entity List
Master Key File – DEP_FIRST_NAME
Managed Care Support Contractor Input File – MCSC_I_DEP_FIRST_NAME
Managed Care Support Contractor Output File – MCSC_O_DEP_FIRST_NAME

Dependent Relationship

Definition: A code indicating dependent beneficiary relationship to a sponsor.

Display Length: 2

Valid Values:

Entity List
Master Key File – DEP_RELATIONSHIP
Managed Care Support Contractor Input File – MCSC_I_DEP_RELATIONSHIP
Managed Care Support Contractor Output File – MCSC_O_DEP_RELATIONSHIP

Dependent Social Security Number

Definition: Dependent's social security number (SSN)

Display Length: 9

Valid Values: 000000000 – 999989999

Entity List
Master Key File – DEP_SSN
Managed Care Support Contractor Input File – MCSC_I_DEP_SSN
Managed Care Support Contractor Output File – MCSC_O_DEP_SSN

DMDC Identifier

Definition: The identifier that represents a person on the database.

Display Length: 9

Valid Values: 000000001 – 999999999

Entity List
Master Key File – DMDC_ID

DMIS Code

Definition: Value indicating the DMIS ID of the installation where a beneficiary was or is currently enrolled in a Coordinated Care Program/Managed Care Program.

Display Length: 4

Valid Values: 0001 – 9999 plus spaces

Entity List
DEERS Old Eligibility File – DMIS_CODE
DEERS Old Eligibility Alt-Care History File – ALT_CARE_HISTORY_DMIS
DEERS Old Eligibility DMIS File – DMIS_KEY
Managed Support Contractor Input File – MCSC_I_DMIS_ID
Managed Support Contractor Output File – MCSC_O_DMIS_ID

DMIS Region Code

Definition: The TRICARE region identification code.

Display Length: 2

Valid Values: 1 – 16

Entity List
DEERS Old Eligibility DMIS File – DMIS_REGION_CODE
Managed Care Support Contractor Input File – MCSC_I_REGION_CODE
Managed Care Support Contractor Output File – MCSC_O_REGION_CODE

Family Sequence Number

Definition: (FSN)

Display Length: 1

Valid Values: 1 – 9

Entity List
Master Key File – FSN
DEERS Old Eligibility File – SPONSOR_FSN
DEERS Old Eligibility Alt-Care History File – ALT_CARE_HISTORY_FSN

Health Care Delivery Program Begin Calendar Date

Definition: The date when the person's Health Care Delivery Program became effective.

Display Length: 8

Valid Values
YYYYMMDD Date

Entity List
Health Care Delivery Program File - HCDP_BGN_DT

Health Care Delivery Program Enrollment Begin Calendar Date

Definition: The date a beneficiary begin enrollment in a Health Care Delivery Program.

Display Length: 8

Valid Values
YYYYMMDD Date

Entity List
Health Care Delivery Program Enrollment File – HCDP_ENRL_BGN_DT

Health Care Delivery Program Enrollment Fee Payment Applied Dollar Amount

Definition: The amount (in cents) of the Health Care Delivery Program fee payment to applied to the total.

Display Length: 7

Valid Values
-99999.99 -- +99999.99 (implied decimal point)

Entity List
Health Care Delivery Program Fee Payment File – HCDP_FEE_PMT_APPLD_AM

Health Care Delivery Program Enrollment Fee Payment Calendar Date

Definition: The date on which the Health Care Delivery Program fee payment was made.

Display Length: 8

Valid Values
YYYYMMDD Date

Entity List
Health Care Delivery Program Fee Payment File – HCDP_FEE_PMT_DT

Health Care Delivery Program Enrollment Fee Payment Plan Type Code

Definition: The plan under which the Health Care Delivery Program fee is paid.

Display Length: 1

Valid Values

Q	Quarterly
A	Annually

Entity List
Health Care Delivery Program Fee Payment File – HCDP_FEE_PMT_PLN_TYP_CD

Health Care Delivery Program Enrollment Fee Payment Total Dollar Amount

Definition: The total amount (in cents) of the Health Care Delivery Program fee payment made in an enrollment year.

Display Length: 7

Valid Values
-99999.99 -- +99999.99 (implied decimal point)

Entity List
Health Care Delivery Program Fee Payment File – HCDP_FEE_PMT_TOT_AM

Health Care Delivery Program Enrollment Fee Status Code

Definition: The status code associated with the payment of the Health Care Delivery Program enrollment fee.

Display Length: 1

Valid Values
P Enrollment fees were paid
W Enrollment fees were waived

Entity List
Health Care Delivery Program Fee Payment File – HCDP_ENRL_FEE_STAT_CD

Health Care Delivery Program Enrollment Fee System Identifier

Definition: The DMIS identifier of the Health Care Delivery Program system associated with the enrollment fee.

Display Length: 7

Valid Values
0000000 - 9999999

Entity List
Health Care Delivery Program Fee Payment File – HCDP_ENRL_FSYS_ID

Health Care Delivery Program Enrollment Management System Identifier

Definition: The DMIS identifier of the Health Care Delivery Program enrollment system manager.

Display Length: 7

Valid Values
0000000 – 9999999

Entity List
Health Care Delivery Program Enrollment File – HCDP_ENRL_MSYS_ID

Health Care Delivery Program Enrollment Projected End Calendar Date

Definition: The date that enrollment within a Health Care Delivery Program is expected to end for a beneficiary.

Display Length: 8

Valid Values

YYYYMMDD	Date

Entity List
Health Care Delivery Program Enrollment File – HCDP_ENRL_PE_DT

Health Care Delivery Program Enrollment Projected End Calendar Date Certainty Code

Definition: The code that represents the certainty of the Enrollment Projected End Date.

Display Length: 1

Valid Values

Q	The date is certain (automatically terminated on this date).
R	The date is estimated.
U	No date can be predicted.
W	No date is applicable.

Entity List
Health Care Delivery Program Enrollment File – HCDP_ENRL_PEDC_CD

Health Care Delivery Program Enrollment Segment Identifier

Definition: The segment of time during which an individual was enrolled in a specific Health Care Delivery Program.

Display Length: 3

Valid Values
001 – 999

Entity List
Health Care Delivery Program Enrollment File – HCDP_ENRL_SEG_ID
Primary Care Manager Selection File - HCDP_ENRL_SEG_ID

Health Care Delivery Program Enrollment Status Code

Definition: The code indicating the status of the Health Care Delivery Program enrollment process.

Display Length: 1

Valid Values

C	Completed; the initial enrollment fee payment has been collected
I	Incomplete; the initial enrollment fee payment has NOT been collected

Entity List
Health Care Delivery Program Enrollment File – HCDP_ENR_STS_CD

Health Care Delivery Program Enrollment Termination Calendar Date

Definition: The date that enrollment in the Health Care Delivery Program actually terminates for a beneficiary.

Display Length: 8

Valid Values

YYYYMMDD	Date

Entity List
Health Care Delivery Program Enrollment File – HCDP_ENRL_TERM_DT

Health Care Delivery Program Enrollment Termination Reason Code

Definition: The reason an enrollment within a Health Care Delivery program is terminated for a beneficiary.

Display Length: 1

Valid Values

A	Enrolled to another Health Care Delivery Plan (i.e., joined another HMO/Non-MCP site)
C	Terminated due to change in entitlement and/or eligibility
D	Deceased
E	Lockout – Early disenrollment
F	Invalid entry
K	Family temporary location change (i.e., snowbirds)
L	Lockout – failure to pay enrollment fee
M	Relocation
N	Dissatisfied with enrolled organization
Q	The date is certain (automatically terminated on this date).; expiration of enrollment
R	The date is estimated.
S	Split family
T	Termination of Health Care Delivery Program
U	No date can be predicted.
V	Enrollment cancelled
W	No date is applicable
X	Reciprocally transferred (i.e., transfer entered by gaining site)
Y	PCS (i.e., transfer entered by losing site)

Note: This list would have to be agreed upon by CHCS, Managed Care Support Contractors, and HA.

Entity List
Health Care Delivery Program Enrollment File – HCDP_ENRL_TRSN_CD

Health Care Delivery Program Fee Payment Segment Identifier

Definition: The key that (together with other attributes) uniquely identifies a Health Care Delivery Program Fee Payment record.

Display Length: 3

Valid Values
001 – 999

Entity List
Health Care Delivery Program Fee Payment File – HCDP_FEE_SEG_ID

Health Care Delivery Program Person Role Code

Definition: The code indicating the role of the individual beneficiary within the delivery program. The sponsor of a family is usually the subscriber, but a family member separated geographically or a former spouse may also be the subscriber. A subscriber may or may not be an insured. For example, the Family Member TRICARE Prime coverage has the sponsor as the subscriber, but he/she is not an insured.

Display Length: 1

Valid Values

S	Subscriber
I	Insured
B	Subscriber and Insured

Entity List
Health Care Delivery Program File - HCDP_ PN_ROLE _CD

Health Care Delivery Program Plan Coverage Code

Definition: The code that describes the coverage of the plan that a family member or sponsor has within the Health Care Delivery Program Type Code.

Display Length: 2

Valid Values
Within HEALTH CARE

001	Direct Care for Active Duty Sponsors
002	Direct Care for Active Duty Family Members
003	TRICARE Standard for Active Duty Family Members
004	Direct Care for Survivors of Active Duty Deceased Sponsors
005	TRICARE Standard for Survivors of Active Duty Deceased Sponsors
006	Direct Care for Transitional Assistance Family Members
007	TRICARE Standard for Transitional Assistance Sponsors and Family members
008	Direct Care for Retired Sponsors and Family Members
009	TRICARE Standard for Retired Sponsors and Family Members
010	TRICARE Senior Standard (non-election Prime)
011	Direct Care for CONUS DoD Affiliates
012	TRICARE Standard for CONUS DoD Affiliates
013	Direct Care for OCONUS DoD Affiliates
014	TRICARE Prime Individual Coverage for Active Duty Sponsors
015	TRICARE Prime Individual Coverage for Active Duty Family Members
016	TRICARE Prime Family Coverage for Active Duty Family Members
017	TRICARE Prime (USFHP) Individual Coverage for Active Duty Family Members
018	TRICARE Prime (USFHP) Family Coverage for Active Duty Family Members
019	TRICARE Prime for Survivors of Active Duty Deceased Sponsors
020	TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members
021	TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members
022	TRICARE Prime (USFHP) Individual Coverage for Transitional Assistance Sponsors and Family Members
023	TRICARE Prime (USFHP) Family Coverage for Transitional Assistance Sponsors and Family Members
024	TRICARE Prime Individual Coverage for Retired Sponsors and Family Members
025	TRICARE Prime Family Coverage for Retired Sponsors and Family Members
026	TRICARE Prime (USFHP) Individual Coverage for Retired Sponsors and Family Members
027	TRICARE Prime (USFHP) Family Coverage for Retired Sponsors and Family Members
028	TRICARE Senior Prime Individual Coverage for Retired Sponsors and Family Members

029 Continued Health Care Benefit Program Individual Coverage
030 Continued Health Care Benefit Program Family Coverage

Within SPECIAL DELIVERY PROGRAMS
035 Mail Order Pharmacy

Within DENTAL
031 Dental Individual Coverage for Active Duty Family Members
032 Dental Family Coverage for Active Duty Family Members
033 Dental Individual Coverage for Selected reserve Sponsors
034 Dental Individual Coverage for Retired Sponsors

Entity List
Health Care Delivery Program File - HCDP_ PLN_CVG _CD
Health Care Delivery Program Enrollment File - HCDP_ PLN_CVG _CD
Primary Care Manager Selection File - HCDP_ PLN_CVG _CD

Health Care Delivery Program Prior Enrollment Fee System Identifier

Definition: The identifier that represents the prior Health Care Delivery Program enrollment fee system.

Display Length: 7

Valid Values
0000000 - 9999999

Entity List
Health Care Delivery Program Fee Payment File – HCDP_PRIOR_ENRL_FSYS_ID

Health Care Delivery Program Prior Enrollment Fee System Verification Calendar Date/Time

Definition: The date and time of verification for the prior Health Care Delivery Program enrollment fee system.

Display Length: 14

Valid Values
YYYYMMDDHHMMSS Date and Time

Entity List
Health Care Delivery Program Fee Payment File – HCDP_PFSYS_VER_DT_TM

Health Care Delivery Program Prior Enrollment Fee System Verification Status Code

Definition: The code indicating the status of the verification of the prior Health Care Delivery Program enrollment fee system

Display Length: 1

Valid Values
N No longer used
P Placeholder (i.e., this is a skeletal record created to accommodate the need for an HCDP record)
U Unverified
V Verified

Entity List
Health Care Delivery Program Fee Payment File – HCDP_PFSYS_VER_STAT_CD

Health Care Delivery Program Prior Enrollment Management System Identifier

Definition: The identifier that represents the prior Health Care Delivery Program enrollment management system.

Display Length: 7

Valid Values
0000000 - 9999999

Entity List
Health Care Delivery Program Enrollment File – HCDP_PMSYS_ID

Health Care Delivery Program Prior Enrollment Management System Verification Status Code

Definition: The code indicating the status of the verification of the prior Health Care Delivery Program enrollment management system

Display Length: 1

Valid Values
N No longer used
P Placeholder (i.e., this is a skeletal record created to accommodate the need for an HCDP record)
U Unverified
V Verified

Entity List
Health Care Delivery Program Enrollment File – HCDP_PMSTS_VER_STAT_CD

Health Care Delivery Program Projected End Calendar Date

Definition: The date that the Health Care Delivery Program is projected to end.

Display Length: 8

Valid Values

YYYYMMDD	Date

Entity List
Health Care Delivery Program File - HCDP_PE_DT

Health Care Delivery Program Projected End Calendar Date Certainty Code

Definition: The code that represents the certainty of the Health Care Delivery Program Projected End Calendar Date.

Display Length: 1

Valid Values

Q	The date is certain (automatically terminates the segment on this date).
R	The date is an estimate.
U	No date can be predicted.
W	No date is applicable.

Entity List
Health Care Delivery Program File - HCDP_PEDC_CD

Health Care Delivery Program Region Identifier

Definition: The TRICARE region identification code.

Display Length: 4

Valid Values
0000 – 0012

Entity List
Primary Care Manager Selection File – HCDP_RGN_ID

Health Care Delivery Program Segment Identifier

Definition: The identifier that is used to ensure a unique key on each Health Care Delivery Program record.

Display Length: 3

Valid Values
001 – 999

Entity List
Health Care Delivery Program File – HCDP_SEG_ID
Health Care Delivery Program Enrollment File – HCDP_SEG_ID
Primary Care Manager Selection File - HCDP_SEG_ID

Valid Values
001 – 999

Health Care Delivery Program Termination Calendar Date

Definition: The date that a Health Care Delivery Program is actually terminated.

Display Length: 8

Valid Values

YYYYMMDD	Date

Entity List
Health Care Delivery Program File - HCDP_TERM_DT

Health Care Delivery Program Termination Reason Code

Definition: The reason a Health Care Delivery Program was terminated.

Display Length: 1

Valid Values

F	Invalid entry
N	Dissatisfied with enrolled organization
Q	The date is certain (automatically terminated on this date).
R	The date is estimated.
T	Termination of Health Care Delivery Program
U	No end date can be predicted.
W	No date is applicable

Note: This list would have to be agreed upon by CHCS, Managed Care Support Contractors, and HA.

Entity List
Health Care Delivery Program File - HCDP_ TRSN_CD

Health Care Delivery Program Type Code

Definition: The code that represents a specific kind of Health Care Delivery Program a DoD Beneficiary has.

Display Length: 1

Valid Values

M	Health Care (TRICARE, etc.)
D	Dental
P	BRAC Pharmacy

Entity List
Health Care Delivery Program File - HCDP_TYP_CD
Health Care Delivery Program Enrollment File - HCDP_TYP_CD
Primary Care Manager Selection File - HCDP_TYP_CD

DEERS Old Eligibility Dependent Suffix Code

Definition: A code indicating dependent beneficiary relationship to a sponsor.

Display Length: 2

Valid Values: 01 – 19 = Child
20 = Sponsor
30 – 39 = Spouse
40 – 44 = Mother
45 – 49 = Father
50 – 54 = Mother-in-law
55 – 59 = Father-in-law
60 – 69 = Other eligible dependents
75 = Pseudo DDS – unknown by FI. Not a valid value on data base; seen only on an input transaction.
99 = Other or unknown relationship

Entity List
Master Key File – DDS
DEERS Old Eligibility File – DDS
Managed Care Support Contractor Input File – MCSC_I_DDS
Managed Care Support Contractor Output File – MCSC_O_DDS
DEERS Old Eligibility Alt-Care History File – ALT_CARE_ HISTORY_DDS

Primary Code Manager Code

Definition: The code that indicates organizational affiliation of a Primary Care Manager.

Display Length: 2

Valid Values: 00 = CHCS
01 = Civilian Network
Blank = USTF

Entity List
DEERS Old Eligibility File – PCM_CODE
DEERS Old Eligibility Alt-Care History File – ALT_CARE_HISTORY_PCM_CODE
Managed Care Support Contractor Input File – MCSC_I_PCM_CODE
Managed Care Support Contractor Output File – MCSC_O_PCM_CODE

Primary Care Manager Enrolling Division DMIS Identifier

Definition: The DMIS identifier that uniquely represents the division responsible for a Primary Care Manager.

Display Length: 4

Valid Values
0000 – 9999

Entity List
Primary Care Manager Selection table – PCM_ENRL_DIV_DMIS_ID

Primary Care Manager Enrolling Division System Identifier

Definition: The EDI system identifier that represents a Primary Care Manager Enrolling Division System.

Display Length: 7

Valid Values
0000000 – 9999999

Entity List
Primary Care Manager Selection File – PCM_ENRL_DSYS_ID

Primary Care Manager Identifier

Definition: The identifier that uniquely represents a Primary Care Manager.

Display Length: 13

Valid Values
0000000000000 – 9999999999999

Entity List
Primary Care Manager Selection File – PCM_ID

Primary Care Manager Identifier Type Code

Definition: The code that specifies what type of identifier is being used to uniquely identify a Primary Care Manager.

Display Length: 1

Valid Values

S	Social Security Number (SSN)
T	Tax Identifier

Entity List
Primary Care Manager Selection File – PCM_ID_TYPE_CD

Primary Care Manager Network Provider Type Code

Definition: The code identifying the type of network provider for the Primary Care Manager

Display Length: 1

Valid Values

C	Civilian network
D	Direct Care network
N	None
U	Uniformed Services Family Health Plan (USFHP)

Entity List
Primary Care Manager Selection File – PCM_PROV_TYP_CD

Primary Care Manager Prior Enrolling Division System Identifier

Definition: The EDI system identifier that uniquely represents the prior Primary Care Manager Enrolling Division System.

Display Length: 7

Valid Values
0000000 – 9999999

Entity List
Primary Care Manager Selection File – PCM_PDSYS_ID

Primary Care Manager Prior Enrolling Division System Verification Calendar Date

Definition: The date and time that the status of the prior Enrolling Division System for the Primary Care Manager was verified.

Display Length: 14

Valid Values
YYYYMMDDHHMMSS Date and Time

Entity List
Primary Care Manager Selection File – PCM_PDSYS_VER_DT_TM

Primary Care Manager Prior Enrolling Division System Verification Status Code

Definition: The code that represents the status of the verification of the prior Enrolling Division System for the Primary Care Manager.

Display Length: 1
Valid Values
N No longer used
P Placeholder (i.e., this is a skeletal record created to accommodate the need for a PCM Selection record)
U Unverified
V Verified

Entity List
Primary Care Manager Selection File – PCM_PDSYS_VER_STAT_CD

Primary Care Manager Selection Begin Calendar Date

Definition: The date when a beneficiary begins with a Primary Care Manager.

Display Length: 8

Valid Values
YYYYMMDD Date

Entity List
Primary Care Manager Enrollment File – PCM_SLCT_BGN_DT

Primary Care Manager Selection Projected End Calendar Date

Definition: The date when the beneficiary's association with the Primary Care Manager is expected to end.

Display Length: 8

Valid Values
YYYYMMDD Date

Entity List
Primary Care Manager Enrollment File – PCM_SLCT_PE_DT

Primary Care Manager Selection Projected End Date Certainty Code

Definition: The code that represents the certainty of the value for the Primary Care Manager Projected End Date.

Display Length: 1

Valid Values

Q	The date is certain (automatic termination on this date).
R	The date is estimated.
U	No date is predictable.
W	No date is applicable.

Entity List
Primary Care Manager Enrollment File – PCM_SLCT_PEDC_CD

Primary Care Manager Selection Segment Identifier

Definition: The generated unique number that identifies rows in the Primary Care Manager Table.

Display Length: 3

Valid Values
001 - 999

Entity List
Primary Care Manager Selection File – PCM_SLCT_SEG_ID

Primary Care Manager Selection Termination Calendar Date

Definition: The date when the beneficiary's association with the Primary Care Manager is terminated.

Display Length: 8

Valid Values
YYYYMMDD Date

Entity List
Primary Care Manager Enrollment File – PCM_SLCT_TERM_DT

Primary Care Manager Selection Termination Reason Code

Definition: The reason a Primary Care Manager/Beneficiary association is terminated.

Display Length: 1

Valid Values

F	Invalid entry
M	Relocation
N	Dissatisfied with Primary Care Manager
Q	The end date is certain (automatically terminated on this date).
R	The end date is estimated.
T	Termination of Health Care Delivery Program
U	No end date can be predicted.
V	Voluntary disenrollment in enrolled organization
W	No end date is applicable

Note: This list would have to be agreed upon by CHCS, Managed Care Support Contractors, and HA.

Entity List
Primary Care Manager Selection File – PCM_SLCT_TRSN_CD

Prime Family Enrollment Anniversary Calendar Date

Definition: The anniversary date for annual enrollment of a family within Prime within this Health Care Delivery Program.

Display Length: 8

Valid Values
YYYYMMDD Date

Entity List
Primary Family Enrollment Year File – HCDP_ENRL_ANVRY_DT

Sponsor Date of Birth

Definition: The date when a sponsor was born

Display Length: 8

Valid Values: YYYYMMDD - Date

Entity List
Master Key File – SPONSOR_DOB
Managed Care Support Contractor Input File – MCSC_I_SPON_DOB
Managed Care Support Contractor Output File – MCSC_O_SPON_DOB

Sponsor Last Name

Definition: 1st 3 letters of Sponsor's Last Name

Display Length: 3

Valid Values: A – Z, hyphen, apostrophe, period

Entity List
Master Key File – SPONSOR_LAST_NAME
Managed Care Support Contractor Output File – MCSC_O_SPON_LAST_NAME
Managed Care Support Contractor Input File – MCSC_I_SPON_LAST_NAME

Sponsor Social Security Number

Definition: Sponsor's social security number (SSN)

Display Length: 9

Valid Values: 000000000 – 999989999

Entity List
DEERS Old Eligibility File – SPONSOR_SSN
Master Key File – SPONSOR_SSN
Managed Care Support Contractor Output File – MCSC_O_SPON_SSN
Managed Care Support Contractor Input File – MCSC_I_SPON_SSN
Managed Care Support Contractor Fee Payment Input File – MCSC_I_SPON_SSN
Managed Care Support Contractor Fee Payment Output File – MCSC_O_SPON_SSN
DEERS Old Eligibility Alt-Care History File – ALT_CARE_HISTORY_HISTORY_SSN

Sponsor Status

Definition: Code indicating the sponsor's status.

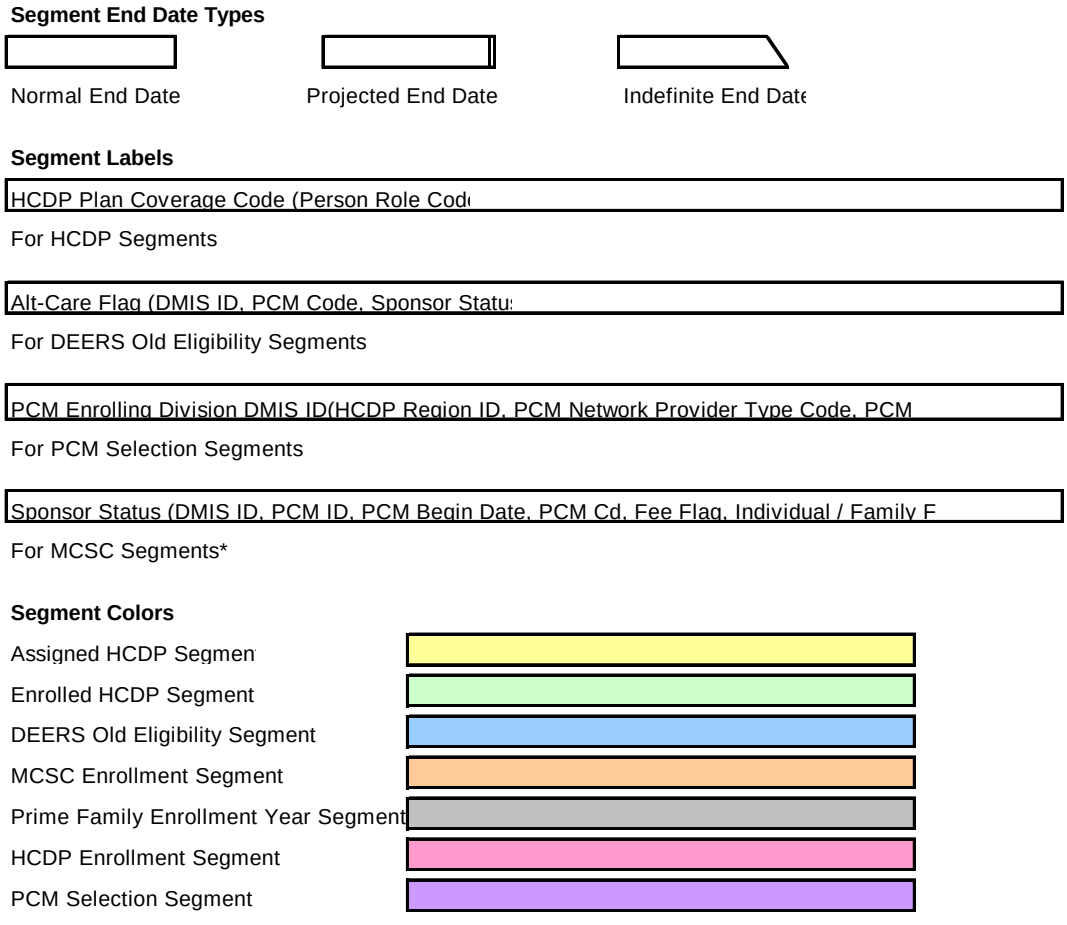
Display Length: 1

Valid Values: A = Active Duty
B = Returned to Active Duty
C = Civilian
D = Former Member
H = Medal of honor
I = Permanently disabled
J = Academy student/Navy OCS
K = Deceased
N = National Guard
O = Temporarily disabled
P = Tamp
Q = Prisoner/Appellate Leave
R = Retired
T = Foreign military
V = Reserve
W = Title 3 retiree
X = Other
Z = Unknown

Entity List
DEERS Old Eligibility File – SPON_STAT

9.7. Timelines of Example Conversion Scenarios

9.7.1. Timeline Key

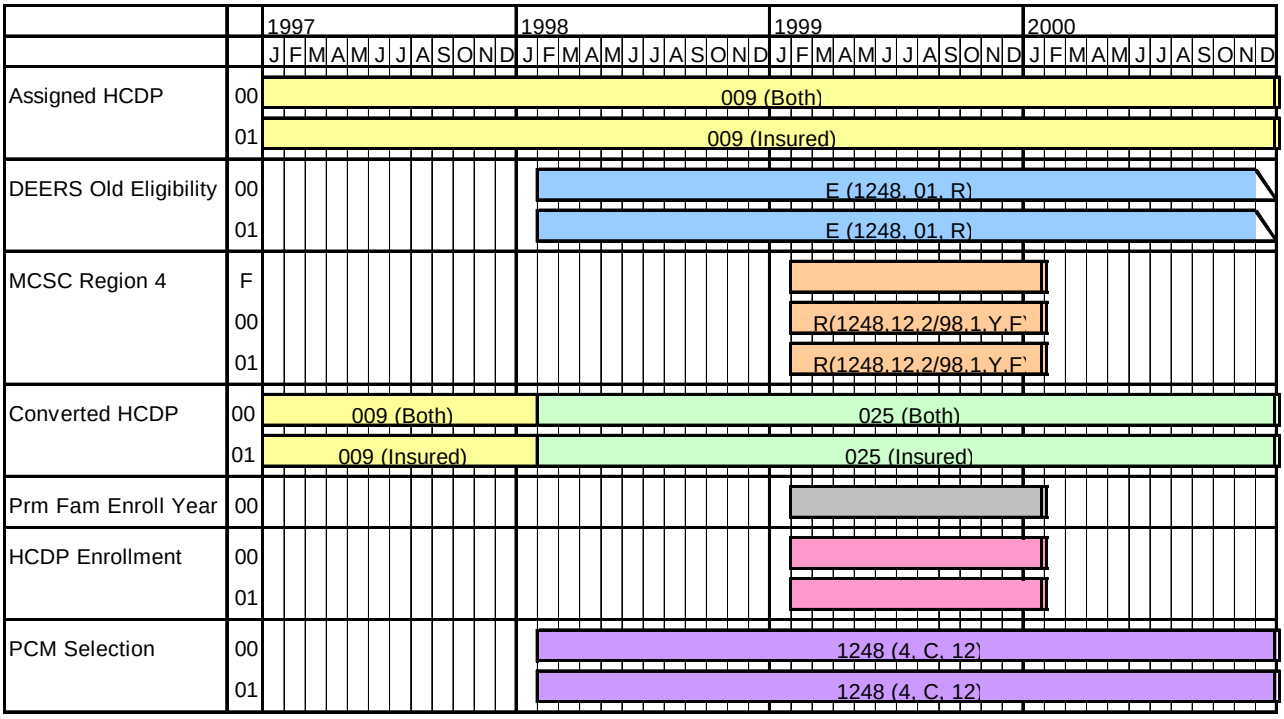


*Blank MCSC segments represent the family enrollment dates provided by the contractor. Within one region, they should be equal for each family member.

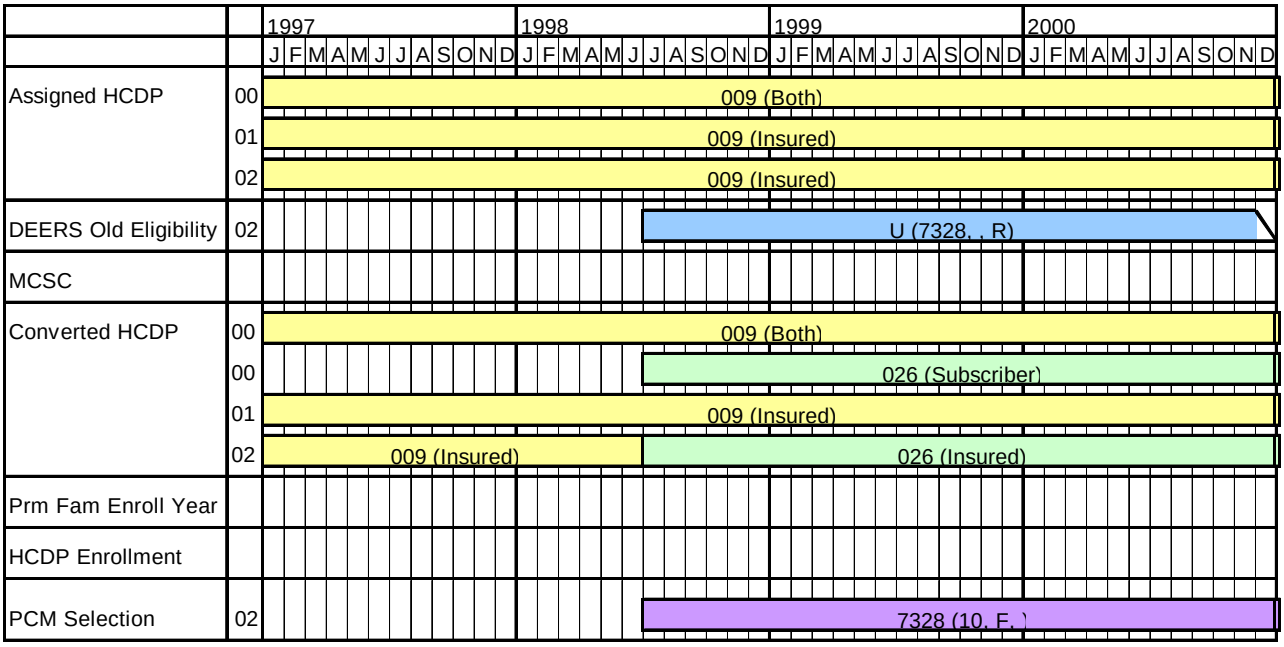
9.7.2. HCDP Plan Coverage Codes

CDP Plan overage Code	Program Name
001	Direct Care for Active Duty Sponsors
002	Direct Care for Active Duty Family Members
003	TRICARE Standard for Active Duty Family Members
004	Direct Care for Survivors of Active Duty Deceased Sponsors
005	TRICARE Standard for Survivors of Active Duty Deceased Sponsors
006	Direct Care for Transitional Assistance Family Members
007	TRICARE Standard for Transitional Assistance Sponsors and Family members
008	Direct Care for Retired Sponsors and Family Members
009	TRICARE Standard for Retired Sponsors and Family Members
010	TRICARE Senior Standard (non-election Prime)
011	Direct Care for CONUS DoD Affiliates
012	TRICARE Standard for CONUS DoD Affiliates
013	Direct Care for OCONUS DoD Affiliates
014	TRICARE Prime Individual Coverage for Active Duty Sponsors
015	TRICARE Prime Individual Coverage for Active Duty Family Members
016	TRICARE Prime Family Coverage for Active Duty Family Members
017	TRICARE Prime (USFHP) Individual Coverage for Active Duty Family Members
018	TRICARE Prime (USFHP) Family Coverage for Active Duty Family Members
019	TRICARE Prime for Survivors of Active Duty Deceased Sponsors
020	TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members
021	TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members
022	TRICARE Prime (USFHP) Individual Coverage for Transitional Assistance Sponsors and Family Members
023	TRICARE Prime (USFHP) Family Coverage for Transitional Assistance Sponsors and Family Members
024	TRICARE Prime Individual Coverage for Retired Sponsors and Family Members
025	TRICARE Prime Family Coverage for Retired Sponsors and Family Members
026	TRICARE Prime (USFHP) Individual Coverage for Retired Sponsors and Family Members
027	TRICARE Prime (USFHP) Family Coverage for Retired Sponsors and Family Members
028	TRICARE Senior Prime Individual Coverage for Retired Sponsors and Family Members
029	Continued Health Care Benefit Program Individual Coverage
030	Continued Health Care Benefit Program Family Coverage

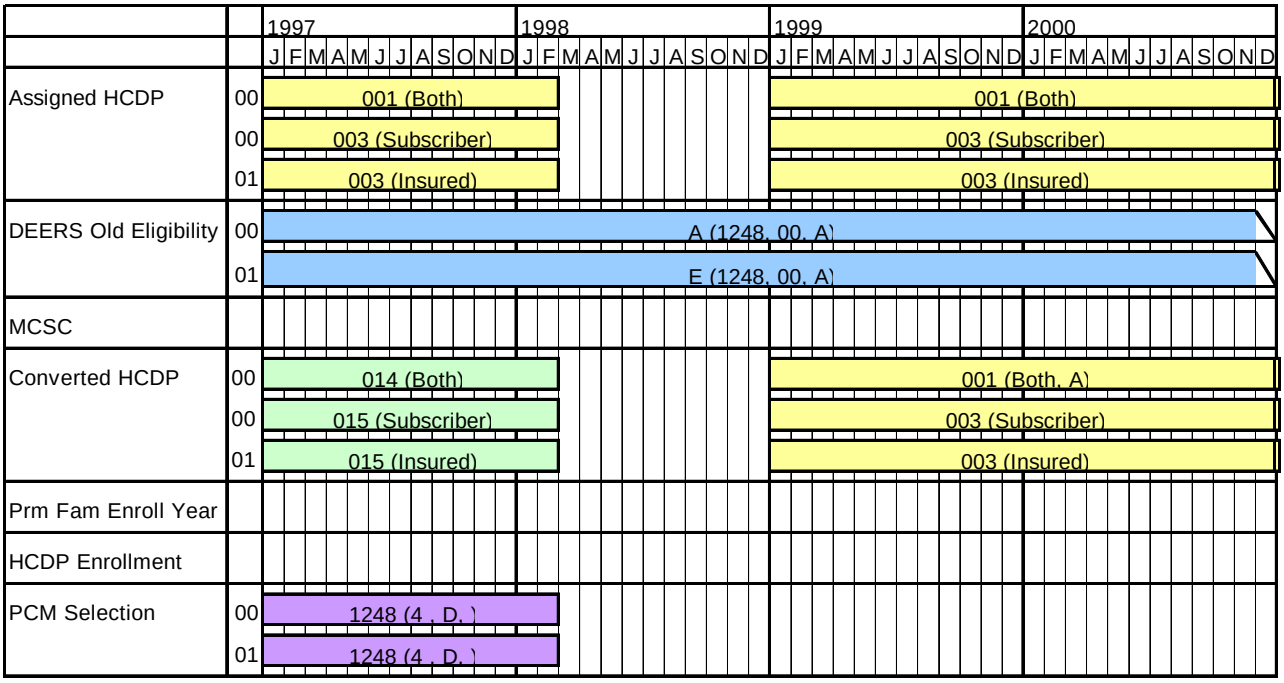
9.7.3. Retired Sponsor and Spouse are Enrolled in TRICARE Prime E



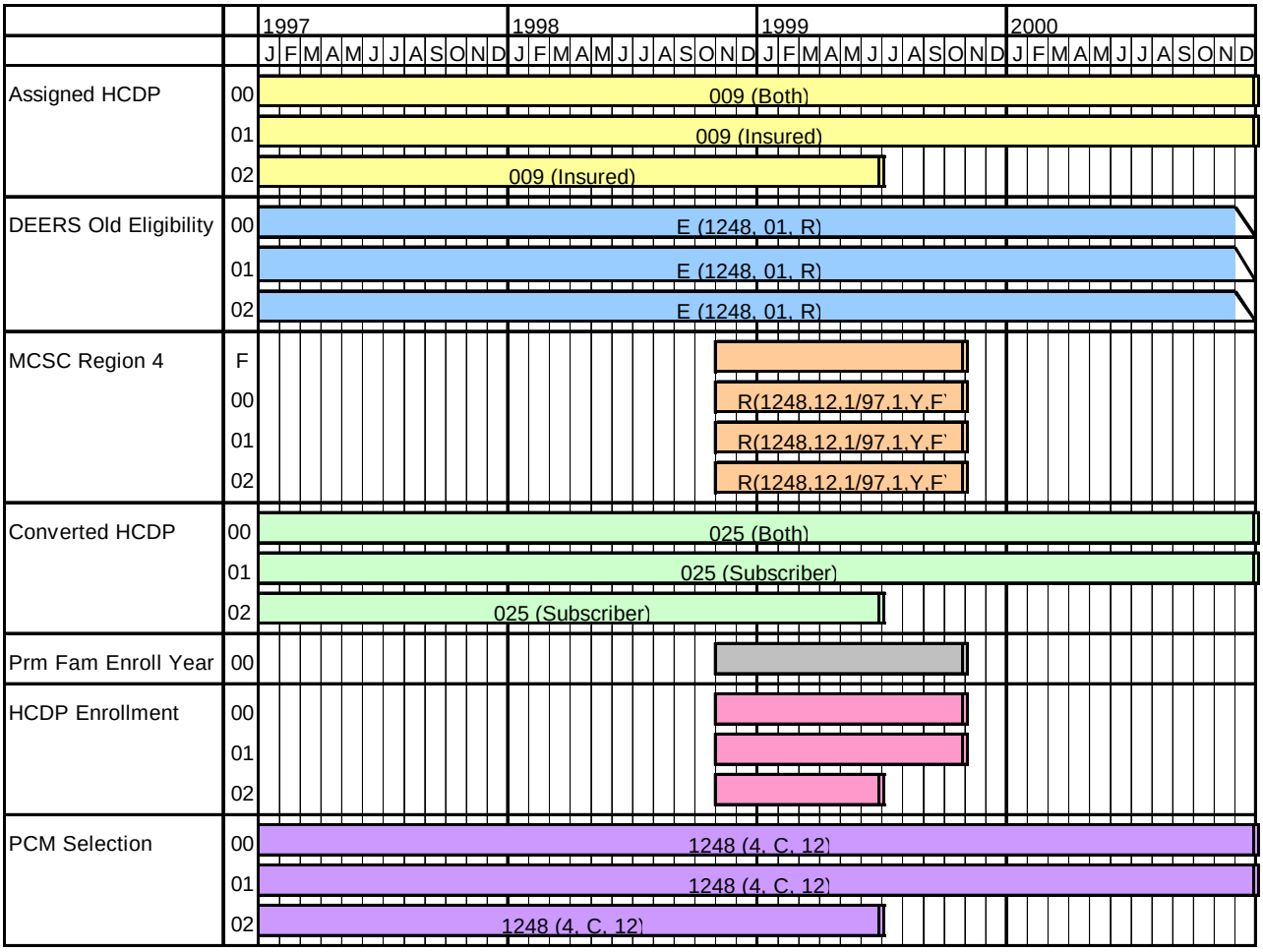
9.7.4. Dependent of Retired Sponsor is Enrolled in USTF



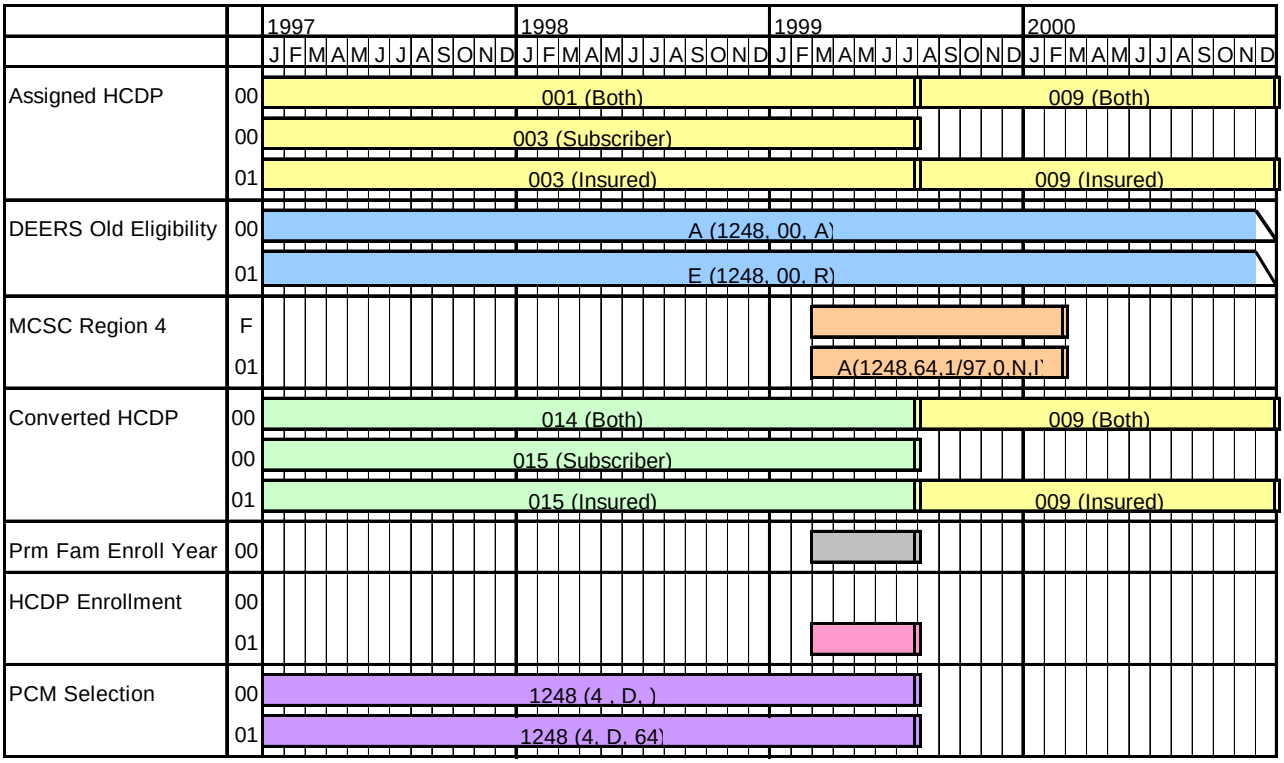
9.7.5. Sponsor Goes From Active Duty to Reserve Back to Active Duty and Never Disenrolls or Re-enrolls in Prime (Conversion Taking Place 5/25/99)



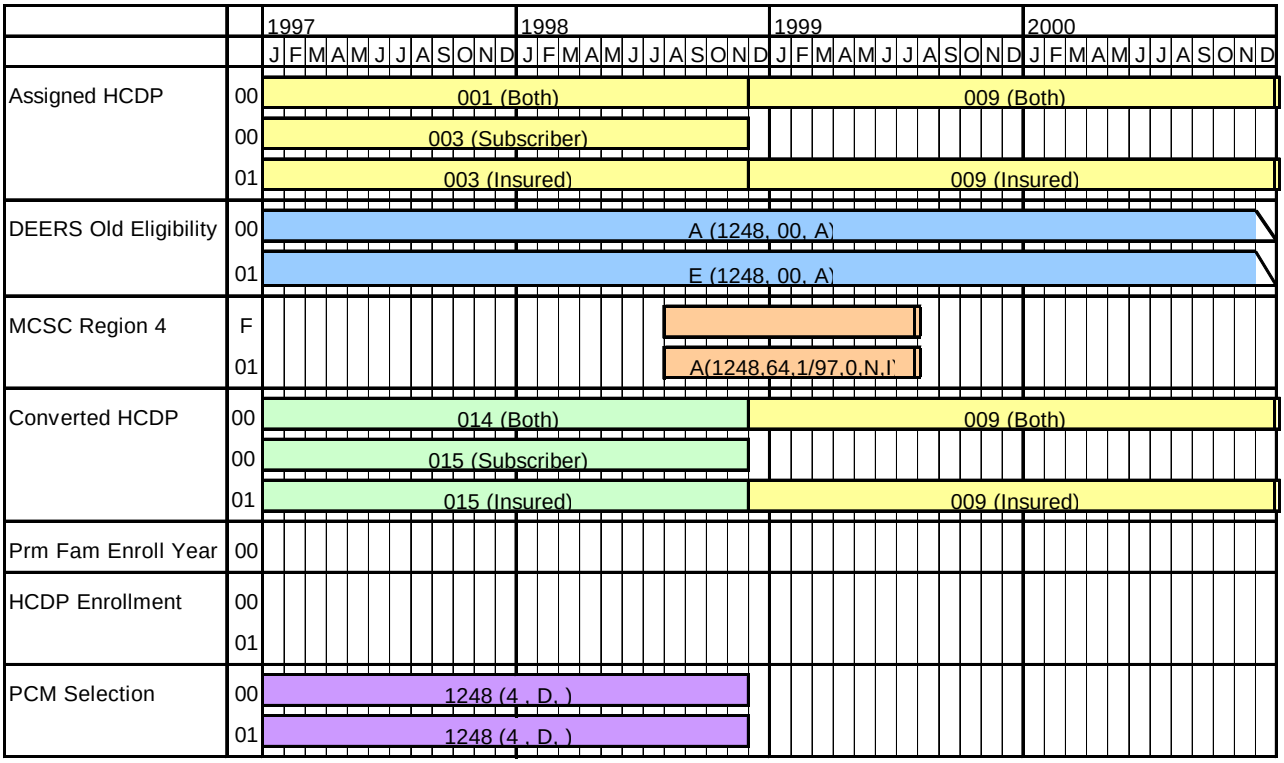
9.7.6. Dependent Looses Eligibility Before the End of the Enrollment Year



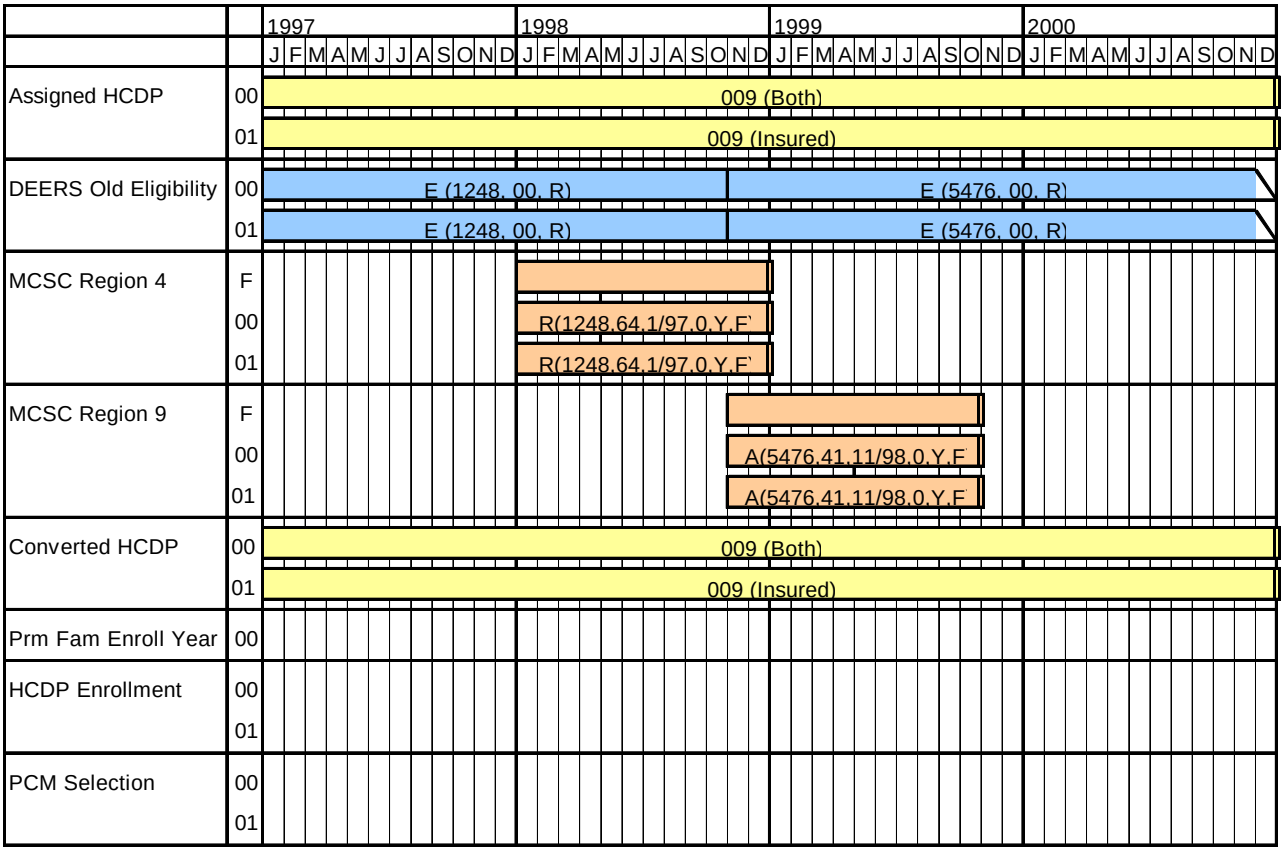
9.7.7. Future Retirement (Conversion Taking Place 5/25/99)



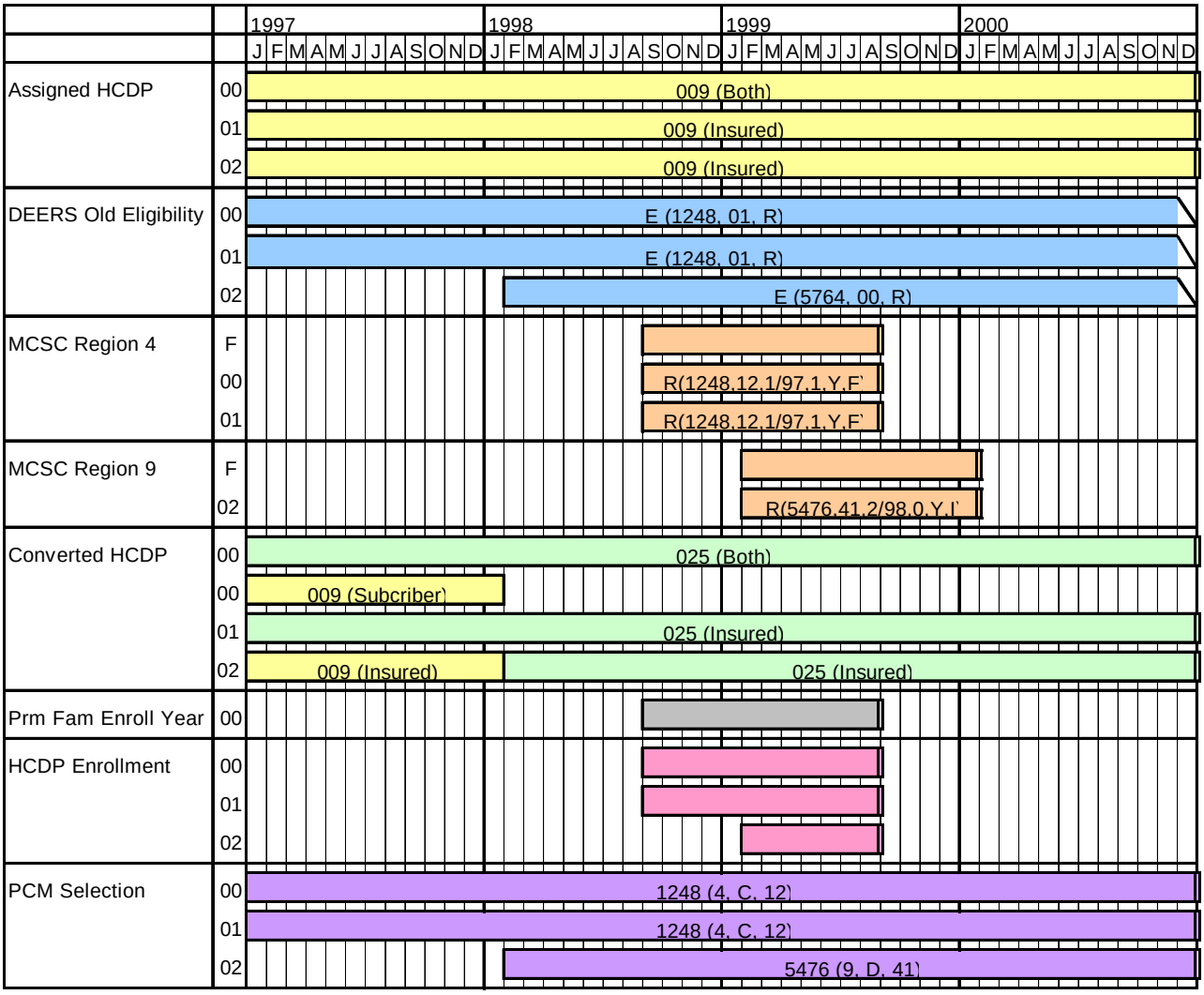
9.7.8. Past Retirement (Conversion Taking Place 5/25/99)



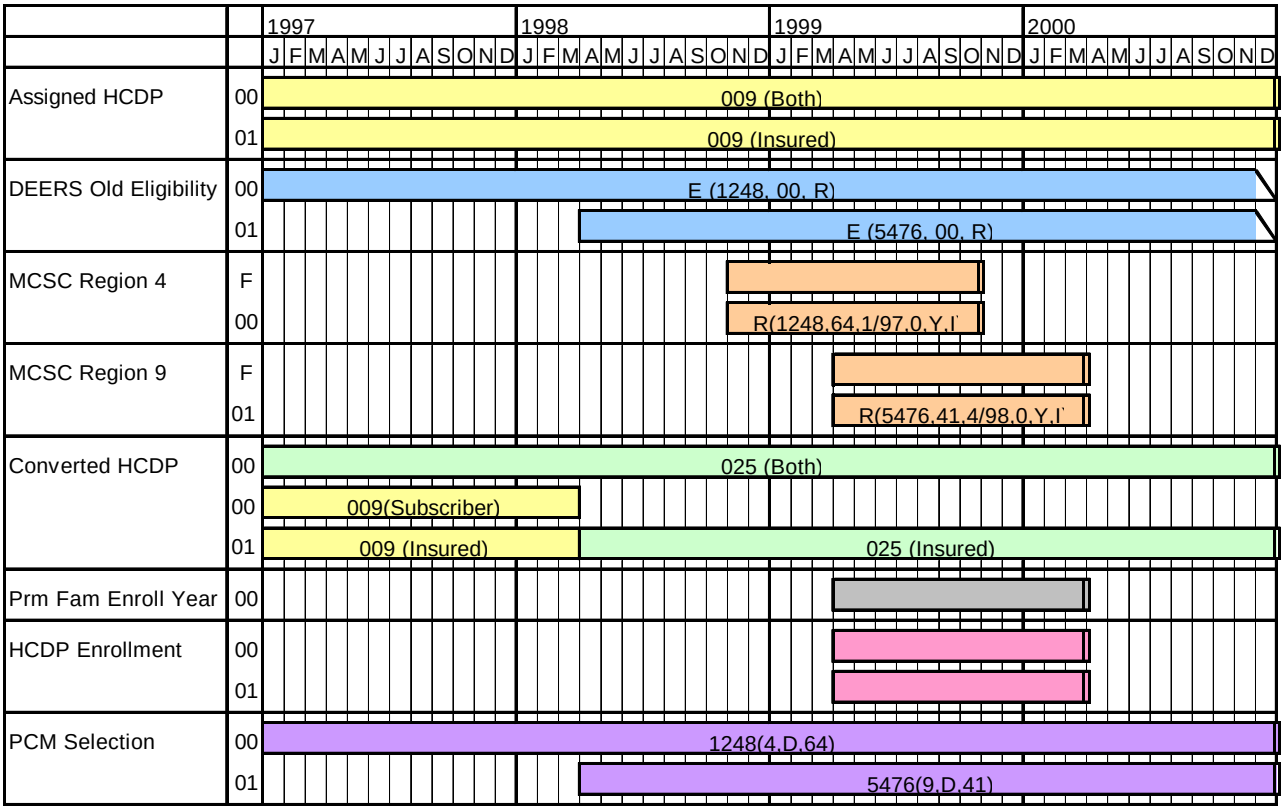
9.7.9. Two Contractors Have Conflicting Anniversary Dates



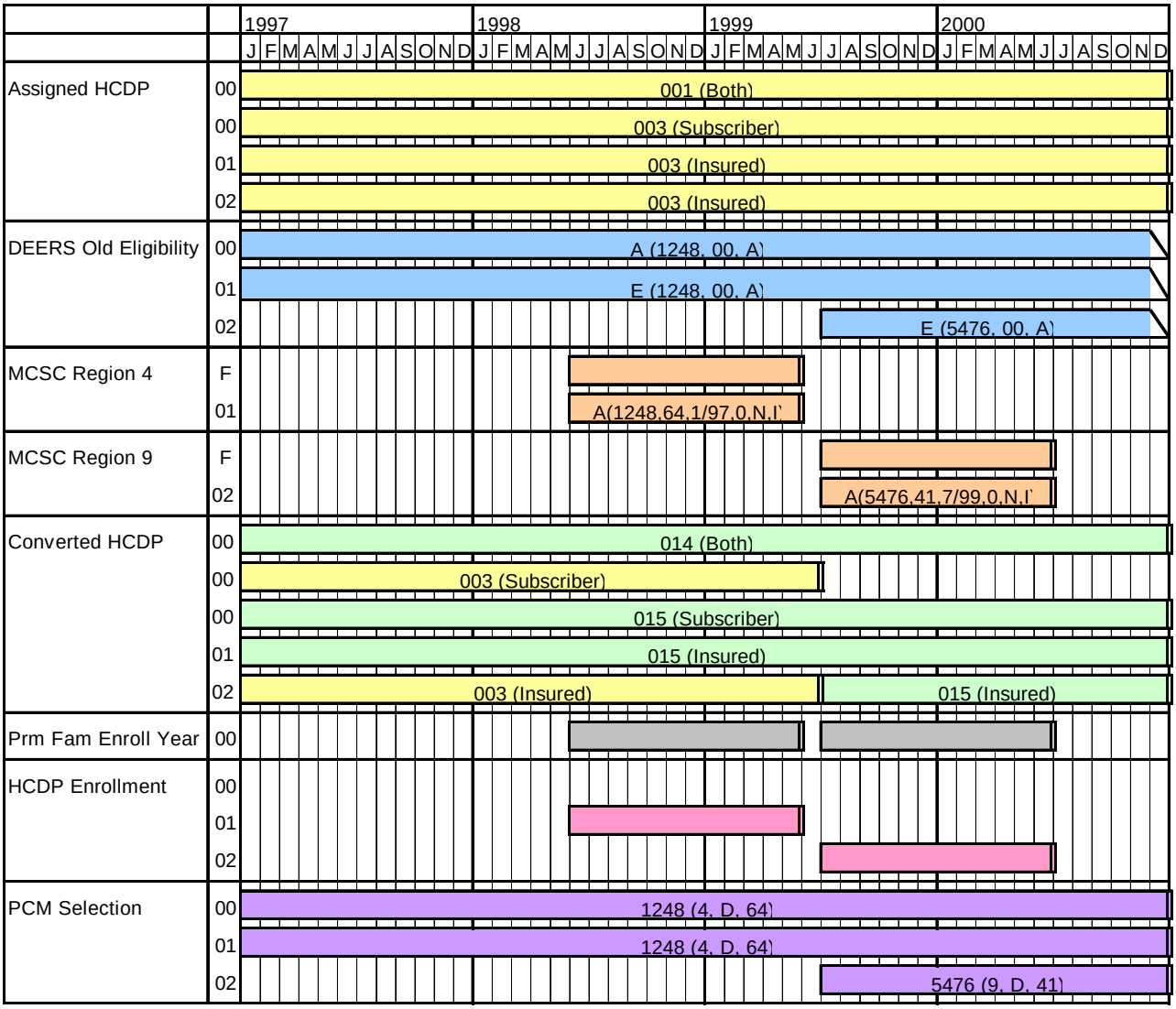
9.7.10. Family Members' Enrollments Are Split Between Two Regions



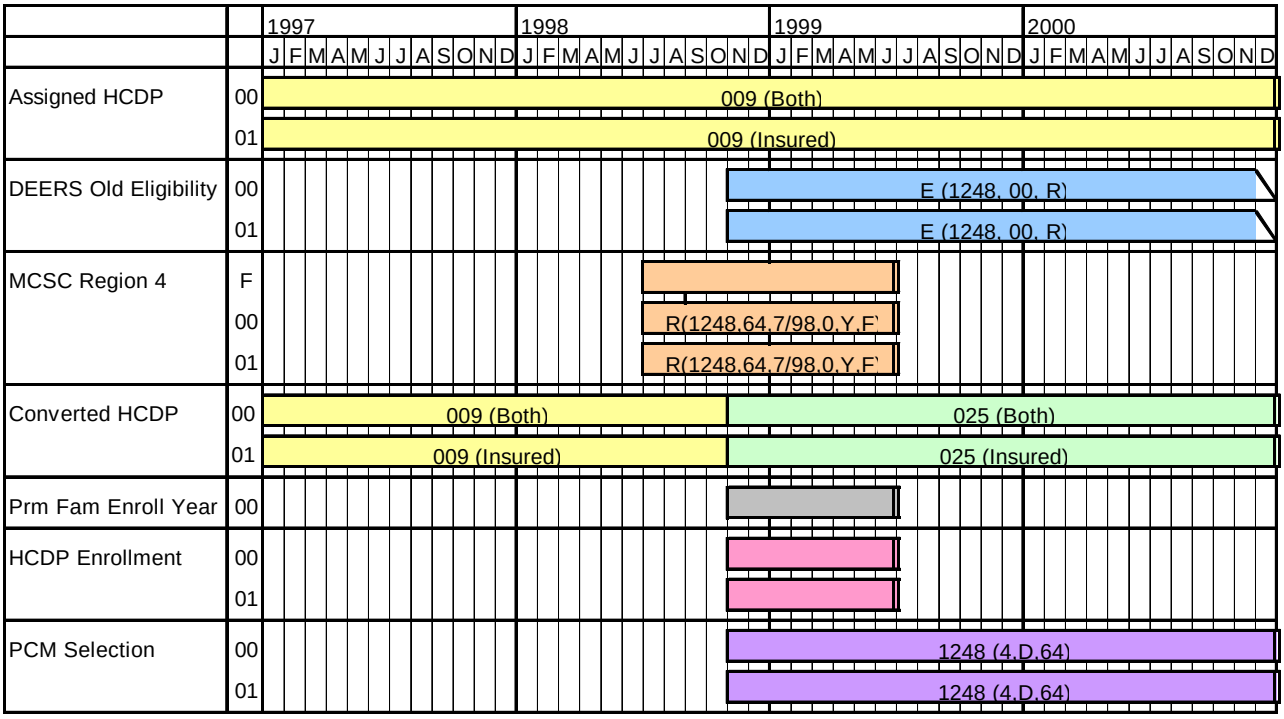
9.7.11. Split Enrollment Where Two Individual Plans Merge into One Family Plan



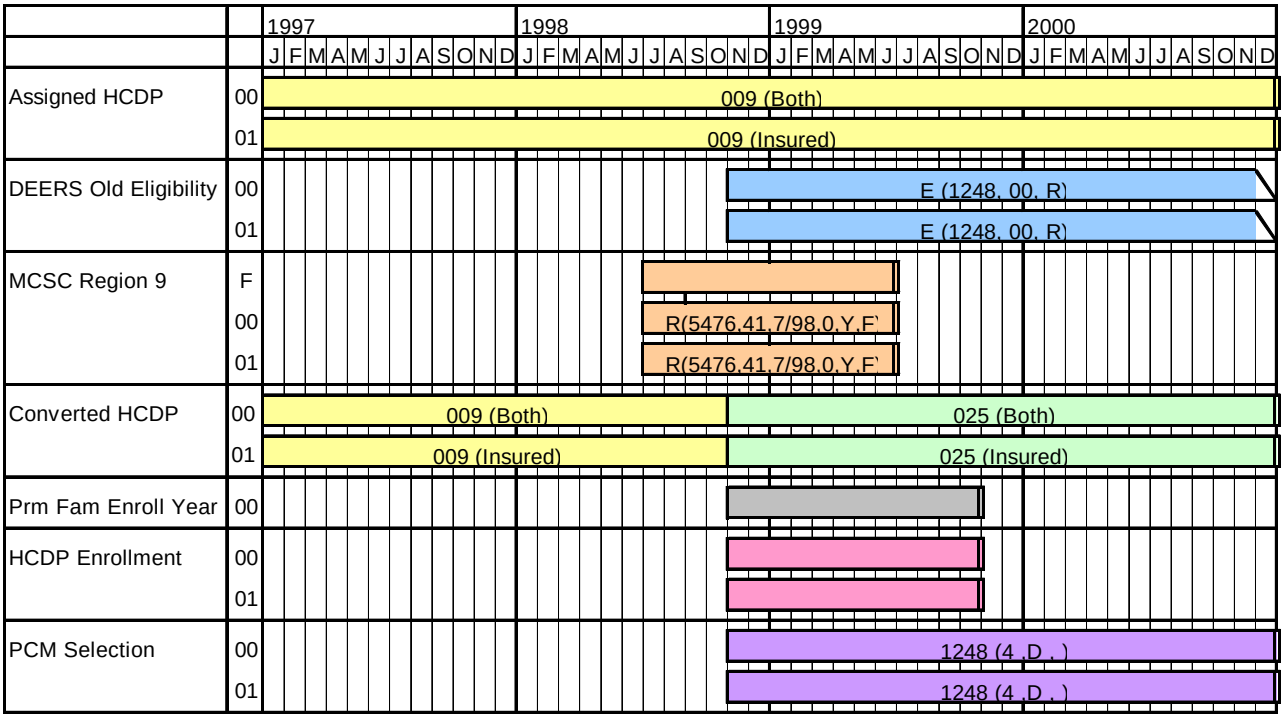
9.7.12. Split Enrollment with One Member Having a Future Enrollment (Conversion Taking Place 5/25/99)



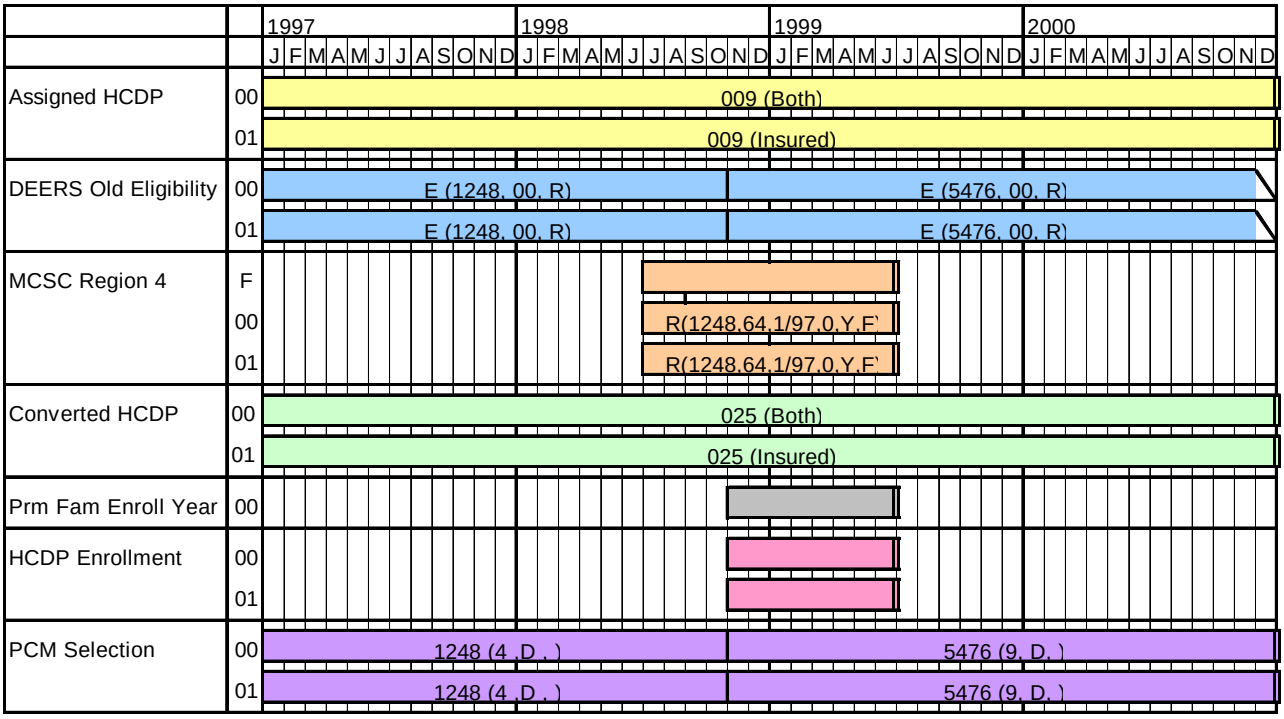
9.7.13. MCSC Shows an Enrollment Begin Date Before the DEERS Old Eligibility Begin Date



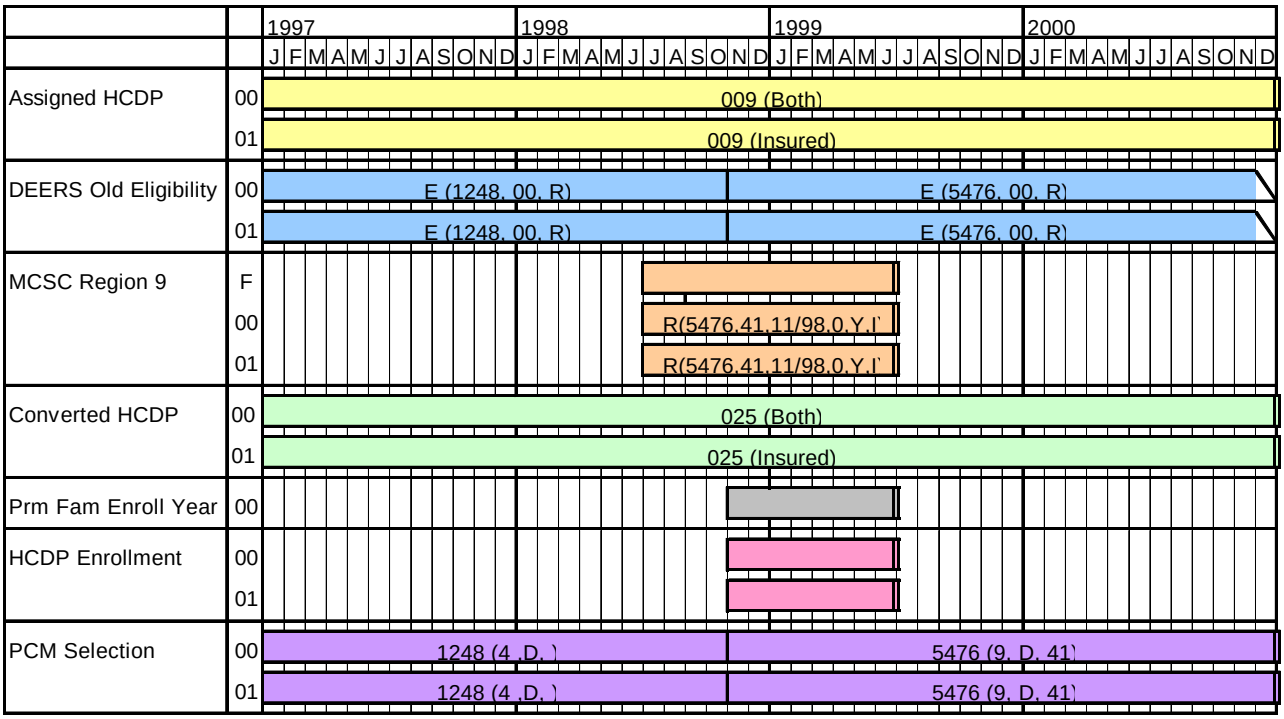
9.7.14. MCSC and DEERS Old Eligibility Have Conflicting DMIS Identifiers: MCSC Begin Date Before DEERS 1.6 Begin Date



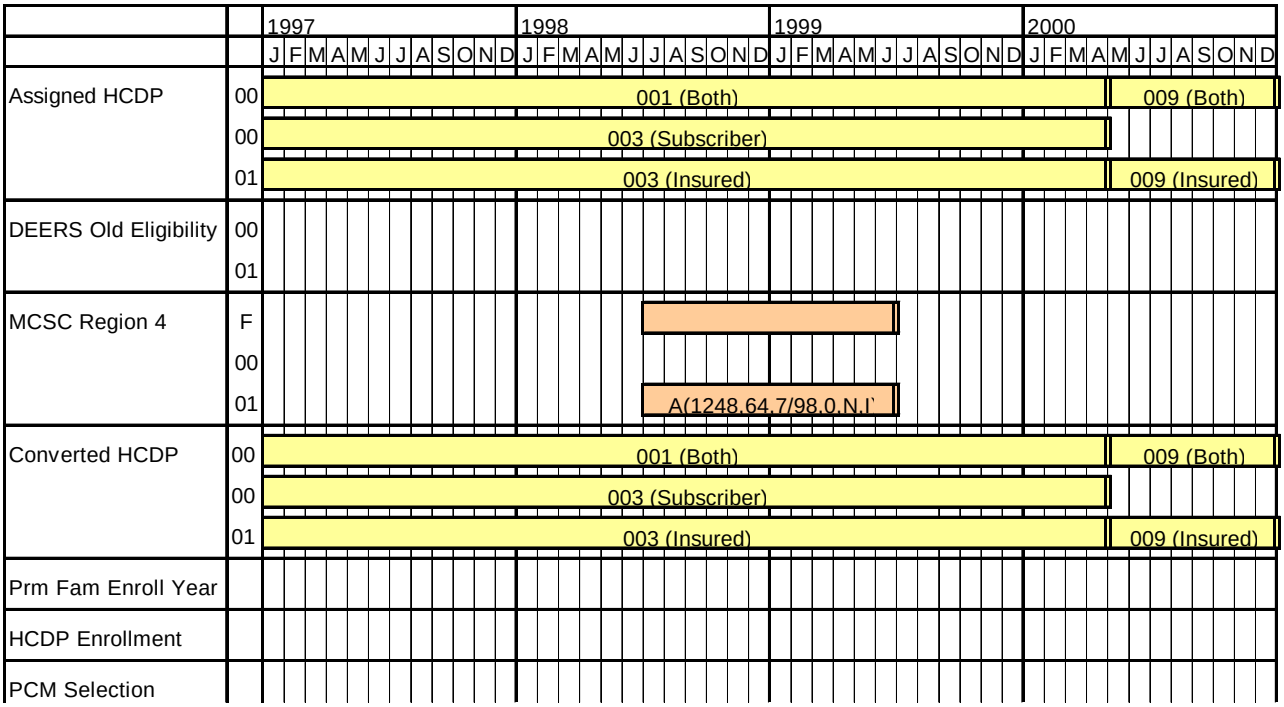
9.7.15. Sponsor and Spouse Change Regions and the Current MCSC Record Does Not Reflect This



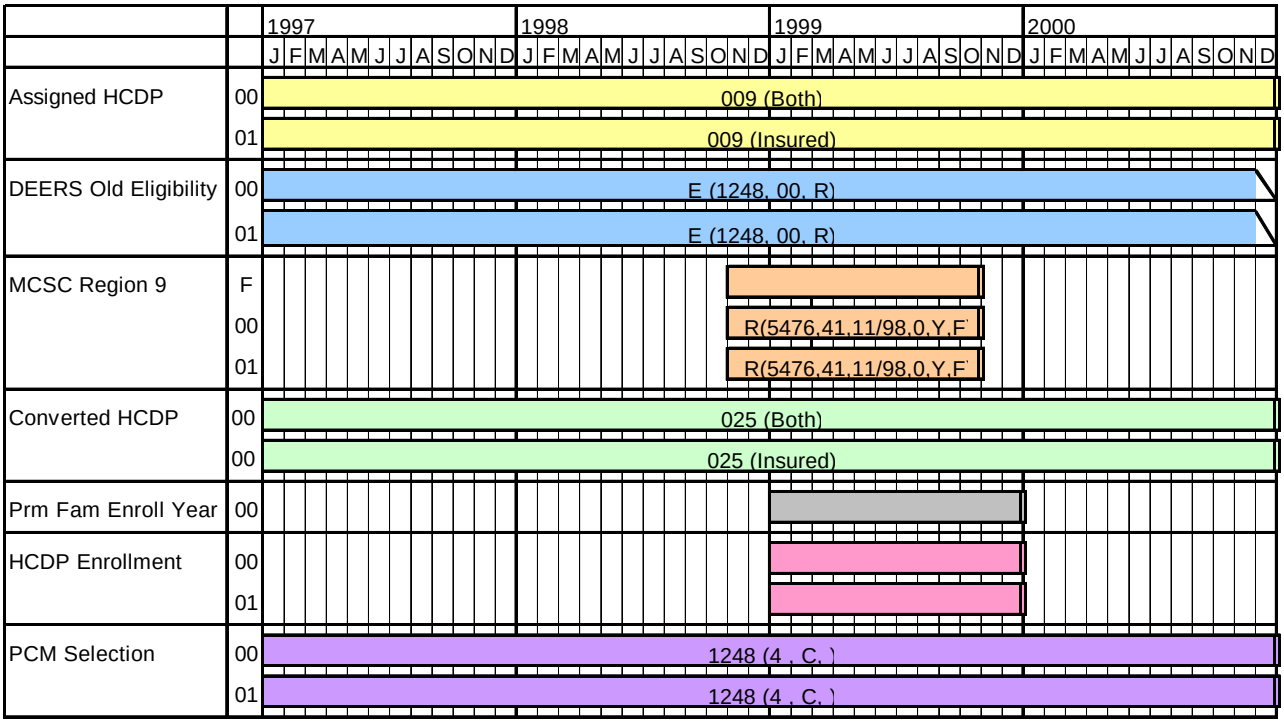
9.7.16. Sponsor and Spouse Change the DMIS They Are Enrolled In, But Stay In the Same Region



9.7.17. MCSC Enrollment With No DEERS Old Eligibility Enrollment



9.7.18. MCSC and DEERS Old Eligibility Have Conflicting DMIS Identifiers: MCSC Begin Date After DEERS 1.6 Begin Date



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9.8. Program Logic

9.8.1. Validate DEERS Input File/Create Current DEERS Intermediate File 1 (DRSCURR1)

Variables:

deers_input_struct
deers_output_struct
dmis_regions
error_code
dmis_file
deers_input_file
deers_output_file
deers_error_file
brac_output_file

Initialize:

```
Open deers_input_file
If not successful
    print_message ("Could not open DEERS Input file.")
    exit program
End If

Open dmis_file
If not successful
    print_message ("Could not open DMIS file.")
    exit program
End If

LOAD_REGIONS (dmis_regions, dmis_file)
If not successful
    print_message ("Could not load DMIS regions.")
End If
```

Mainline:

```
Do While LOAD_DEERS_RECORD (deers_input_struct, deers_input_file) is NOT EQUAL to end_of_file
    VALIDATE_DEERS_RECORD (deers_input_struct)
    Set return value to error_code
    If no errors found then
        deers_output_struct.family_id = GET_FAMILY_ID (deers_input_struct.ssn, deers_input_struct.fsn)
        If deers_output_struct.family_id = NULL
            //  could not match sponsor information with a family id from the master key file, so error off the record
            Set error_code = Family Id not found
            WRITE_DEERS_ ERROR_RECORD (deers_input_struct, deers_error_file, error_code)
        Else
            deers_output_struct.beneficiary_id = GET_BEN_ID (deers_output_struct.family_id, deers_input_struct.dds)
            If deers_output_struct.beneficiary_id = NULL
                //  could not match sponsor information with a family id from the master key file, so error off the record
                Set error_code = Beneficiary Id not found
                WRITE_DEERS_ ERROR_RECORD (deers_input_struct, deers_error_file, error_code)
            Else
                //  found beneficiary in the master key file, so copy the data to the DEERS file
                deers_output_struct.alt_care_flag = deers_input_struct.alt_care_flag
                deers_output_struct.alt_care_start_date = deers_input_struct.alt_care_start_date
                deers_output_struct.alt_care_end_date = deers_input_struct.alt_care_end_date
                deers_output_struct.dmis_cd = deers_input_struct.dmis_cd
                deers_output_struct.region_cd = GET_REGION_CODE (dmis_regions, deers_input_struct.dmis_id)
                deers_output_struct.pcm_cd = deers_input_struct.pcm_cd
                If deers_input_struct.brac_flag = 'Y'
                    WRITE_DEERS_RECORD (deers_output_struct, brac_output_file)
                End If
                If deers_output_struct.alt_care_flag is NOT blank
                    WRITE_DEERS_RECORD (deers_output_struct, deers_output_file)
                End If
            End If
        End If
    Else
        //  one of the fields in the input file was invalid, so error off the record
        WRITE_DEERS_ERROR_RECORD (deers_input_struct, deers_error_file, error_code)
    End If
End While
```

Finalization:

```
Close All Files
```

9.8.2. Validate Alt-Care History Input File/Create DEERS Alt-Care History Intermediate File (I

Variables:

alt_care_input_struct
alt_care_output_struct
dmis_regions
error_code
dmis_file
alt_care_input_file
alt_care_error_file
alt_care_output_file

Initialize:

```
Open alt_care_input_file
If not successful
    print_message ("Could not open Alt-Care History file.")
    exit program
End If

Open dmis_file
If not successful
    print_message ("Could not open DMIS file.")
    exit program
End If

LOAD_REGIONS (dmis_regions, dmis_file)
If not successful
    print_message ("Could not load DMIS regions.")
End If
```

Health Care Delivery Program Data Conversion Specifications
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Mainline:

```
Do While LOAD_ALT_CARE_RECORD (alt_care_input_struct, alt_care_input_file) is NOT EQUAL to end_of_file
    VALIDATE_ALT_CARE_RECORD (alt_care_input_struct)
    Set return value to error_code
    If no errors found
        alt_care_output_struct.family_id = GET_FAMILY_ID (alt_care_input_struct.ssn, alt_care_input_struct.fsn)
        If alt_care_output_struct.family_id = NULL
            //  could not match sponsor information with a family id from the master key file, so error off the record
            Set error_code = Family Id not found
            WRITE_ALT_CARE_ ERROR_RECORD (alt_care_input_struct, alt_care_error_file, error_code)
        Else
            alt_care_output_struct.beneficiary_id = GET_BEN_ID (alt_care_output_struct.family_id, alt_care_input_struct
            If alt_care_output_struct.beneficiary_id = NULL
                //  could not match sponsor information with a family id from the master key file, so error off the record
                Set error_code = Beneficiary Id not found
                WRITE_ALT_CARE_ ERROR_RECORD (alt_care_input_struct, alt_care_ error_file, error_code)
            Else
                //  found beneficiary in the master key file, so copy the data to the Alt-Care file
                alt_care_output_struct.alt_care_flag = alt_care_input_struct.alt_care_flag
                alt_care_output_struct.alt_care_start_date = alt_care_input_struct.alt_care_start_date
                alt_care_output_struct.alt_care_end_date = alt_care_input_struct.alt_care_end_date
                alt_care_output_struct.dmis_cd = alt_care_input_struct.dmis_cd
                alt_care_output_struct.region_cd = GET_REGION_CODE (dmis_regions, alt_care_input_struct.dmis_id)
                alt_care_output_struct.pcm_cd = alt_care_input_struct.pcm_cd
                WRITE_ALT_CARE_RECORD (alt_care_output_struct, alt_care_output_file)
            End If
        End If
    Else
        //  one of the fields in the input file was invalid, so error off the record
        WRITE_ALT_CARE_ ERROR_RECORD (alt_care_input_struct, alt_care_error_file, error_code)
    End If
End While
```

Finalization:

```
Close All Files
```

9.8.3. Validate MCSC Input Files/Create MCSC Intermediate Files (MCSC_I01-16; Run for Ea

Variables:

mcsc_input_struct
mcsc_output_struct
last_family_id
last_sponsor_key
dmis_regions
error_code
dmis_file
mcsc_input_file
mcsc_output_file
mcsc_error_file

Initialize:

```
Open mcsc_input_file
If not successful
      print_message ("Could not open MCSC Input file.")
      exit program
End If

Open dmis_file
If not successful
      print_message ("Could not open DMIS file.")
      exit program
End If

LOAD_REGIONS (dmis_regions, dmis_file)
If not successful
    print_message ("Could not load DMIS regions.")
End If
```

Mainline:

```
While LOAD_MCSC_RECORD (mcsc_input_struct, mcsc_input_file) NOT end_of_file
    VALIDATE_MCSC_RECORD (mcsc_input_struct, dmis_regions)
    Set return value to error_code
    If no errors found
        If last_sponsor_key = GET_MCSC_KEY (mcsc_input_struct)
            //  same sponsor as last record, so use the Family Id from the last record
            mcsc_output_struct.family_id = last_family_id
        Else
            mcsc_output_struct.family_id = GET_FAMILY_ID (mcsc_input_struct.ssn, mcsc_input_struct.last_name)
            If mcsc_output_struct.family_id = NULL
                mcsc_output_struct.family_id = GET_FAMILY_ID (mcsc_input_struct.ssn, mcsc_input_struct.dob)
                If mcsc_output_struct.family_id = NULL
                    //  could not match sponsor information with a family id from the master key file, so error off the record
                    Set error_code = Family Id not found
                    SET_MCSC_ERROR_CODE (mcsc_input_struct, error_code)
                    WRITE_MCSC_RECORD (mcsc_input_struct, mcsc_error_file)
                End If
            End If
        End If

        If mcsc_output_struct.family_id is NOT NULL
            mcsc_output_struct.beneficiary_id = GET_BEN_ID (mcsc_output_struct.family_id, mcsc_input_struct.dds)
            If mcsc_output_struct.beneficiary_id = NULL
                mcsc_output_struct.beneficiary_id=GET_BEN_ID(mcsc_output_struct.family_id, mcsc_input_struct.relati
                If mcsc_output_struct.beneficiary_id = NULL
                    //  could not match the dependant information with a beneficiary id from the master key file, so error of
                    Set error_code = Beneficiary Id not found
                    SET_MCSC_ERROR_CODE (mcsc_input_struct, error_code)
                    WRITE_MCSC_RECORD (mcsc_input_struct, mcsc_error_file)
                End If
            End If

            If mcsc_output_struct.beneficiary_id is NOT NULL
                //  found beneficiary in the master key file, so copy the data to the appropriate MCSC intermediate file
                COPY_MCSC_DATA (mcsc_output_struct, mcsc_input_struct)
                WRITE_MCSC_RECORD (mcsc_output_struct, mcsc_output_file)
            End If
        End If
```

```
        Else
            //  one of the fields in the input file was invalid, so error off the record
            SET_MCSC_ERROR_CODE (mcsc_input_struct, error_code)
            WRITE_MCSC_RECORD (mcsc_input_struct, mcsc_error_file)
        End If
    End While
```

Finalization:

Close All Files

9.8.4. Compare MCSC Intermediate Files Against the Assigned HCDP File/Create MCSC Inte (MCSCINT2; Run for Each Region; All Regions will be Written to the Same Output File

Variables:

my_family
more_families_to_process
current_ben
temp_hcdp_rec
min_family_begin_date
max_family_end_date
temp_begin_date
temp_end_date
assigned_hcdp_file
mcsc_input_file
mcsc_error_file
mcsc_output_file

Initialize:

```
Open mcsc_input_file
If not successful
      print_message ("Could not open MCSC Input file.")
      exit program
End If

Open assigned_hcdp_file
If not successful
      print_message ("Could not open Assigned HCDP file.")
      exit program
End If
```

Mainline:

```
LOAD_FAMILY_MEMBERS (my_family, mcsc_input_file, assigned_hcdp_file)

Do While there are more families to process
    //  loop through entire family
    For current_ben = 1 To my_family.num_beneficiaries
        temp_begin_date = GET_MCSC_BEGIN_DATE (my_family, current_ben)
        temp_end_date = GET_MCSC_END_DATE (my_family, current_ben)
        temp_hcdp_rec = GET_EFFECTIVE_HCDP_SEG (my_family, current_ben, temp_begin_date)

        If temp_hcdp_rec is  NULL
            //  beneficiary is not eligible for the entire enrollment, so error off the record
            SET_MCSC_ERROR_CODE (my_family, current_ben, ec_not_eligible)
            WRITE_MCSC_RECORD (my_family, current_ben, mcsc_error_file)
        Else
            //  modify MCSC begin and end dates so that they fall within the eligibility specified by the assigned HCDP date
            If temp_hcdp_rec.begin_date > temp_begin_date
                CHANGE_MCSC_BEGIN_DATE (my_family, current_ben, temp_hcdp_rec.begin_date)
                temp_begin_date = temp_hcdp_rec.begin_date
            End If

            If temp_hcdp_rec.end_date < temp_end_date
                CHANGE_MCSC_END_DATE (my_family, current_ben, temp_hcdp_rec.end_date)
                temp_end_date = temp_hcdp_rec.end_date
            End If

            min_family_begin_date = MIN (min_family_begin_date, temp_begin_date)
            max_family_end_date = MAX (max_family_end_date, temp_end_date)
        End If
    Next

    //  loop through entire family
    For current_ben = 1 To my_family.num_beneficiaries
        If GET_MCSC_ERROR_CODE (my_family, current_ben) = ec_no_error
            //  no errors were encountered while processing this beneficiary, so update the family begin and end dates, and w
            CHANGE_MCSC_FAMILY_BEGIN_DATE (my_family, current_ben, min_family_begin_date)
            CHANGE_MCSC_FAMILY_END_DATE (my_family, current_ben, max_family_end_date)
            WRITE_MCSC_RECORD (my_family, current_ben, mcsc_output_file)
        End If
```

```
        Next

        // load next family
        LOAD_FAMILY_MEMBERS (my_family, mcsc_input_file, assigned_hcdp_file)

    End While

Finalization:
    Close All Files
```

9.8.5. Compare MCSC Intermediate File 2 Across Regions/Create MCSC Intermediate File 3 (

Variables:

my_family
more_families_to_process
current_ben
current_rec
num_recs
next_begin_date
mcsc_end_date
mcsc_region
assigned_hcdp_file
mcsc_input_file
mcsc_output_file
mcsc_final_output_files[16]
mcsc_error_files[16]

Initialize:

```
Open mcsc_input_file
If not successful
      print_message ("Could not open MCSC Input file.")
      exit program
End If

Open assigned_hcdp_file
If not successful
      print_message ("Could not open Assigned HCDP file.")
      exit program
End If
```

Mainline:

```
    LOAD_FAMILY (my_family, mcsc_input_file, assigned_hcdp_file)

    Do While there are more families to process
        //  loop through the entire family
        For current_ben = 1 To my_family.num_beneficiaries
            //  get the number of MCSC records for the current beneficiary
            Set num_recs = GET_NUM_RECORDS (my_family, current_ben)
            If num_recs > 1
                //  the beneficiary has records from multiple contractors, so disenroll the beneficiary from all contractors except t
                //  from the most recent enrollment; enrollment records are stored in date order, so the last enrollment record is tl
                For current_rec = 1 To num_recs – 1
                    next_begin_date = GET_MCSC_BEGIN_DATE (my_family, current_ben, current_rec + 1)
                    If next_begin_date < GET_MCSC_END_DATE (my_family, current_ben, current_rec)
                        //  if the current enrollment record overlaps the next enrollment record,
                        //  disenroll the beneficiary one day before the next enrollment becomes effective
                        mcsc_end_date = DAY_BEFORE (next_begin_date)
                        CHANGE_MCSC_END_DATE (my_family, current_ben, current_rec, mcsc_end_date)

                        //  the current enrollment record is now a history record, so it is no longer needed for the conversion
                        //  write it to the appropriate MCSC output file
                        mcsc_region = GET_MCSC_REGION (my_family, current_ben, current_rec)
                        WRITE_MCSC_RECORD (my_family, current_ben, mcsc_final_output_files[mcsc_region])
                    End If
                Next
            End If
        Next

        //  join individual plans across regions into family plans
        //  write any history records to the appropriate MCSC output file
        //  write any errors to the appropriate MCSC error file
        MERGE_RECORDS_ACROSS_REGIONS (my_family, mcsc_final_output_files, mcsc_error_files)

        //  loop through the entire family
        For current_ben = 1 To  my_family.num_beneficiaries
            WRITE_MCSC_RECORD (my_family, current_ben, mcsc_output_file)
        Next
```

```
        // load next family
        LOAD_FAMILY (my_family, mcsc_input_file)

    End While

Finalization:
    Close All Files
```

9.8.6. Compare Current DEERS Intermediate File 1 Against the Assigned HCDP/Create Curr Intermediate File 2 (DRSCURR2)

Variables:

my_beneficiary
more_beneficiaries_to_process
current_ben
effective_hcdp_rec
deers_begin_date
deers_end_date
assigned_hcdp_file
deers_input_file
deers_error_file
deers_output_file

Initialize:

```
Open deers_input_file
If not successful
    print_message ("Could not open DEERS Input file.")
    exit program
End If

Open assigned_hcdp_file
If not successful
    print_message ("Could not open Assigned HCDP file.")
    exit program
End If
```

Mainline:

```
LOAD_BENEFICIARY (my_beneficiary, deers_input_file, assigned_hcdp_file)

Do While there are more beneficiaries to process
    If DEERS_RECORD_STILL_ACTIVE ( ) = True
        //  this enrollment hasn't ended yet, so compare it against the assigned HCDP
        deers_begin_date = GET_DEERS_BEGIN_DATE (my_beneficiary)
        deers_end_date = GET_DEERS_END_DATE (my_beneficiary)
        effective_hcdp_rec = GET_EFFECTIVE_HCDP_RECORD (my_beneficiary, deers_begin_date)
```

```
            If deers_hcdp_rec = NULL
                //  beneficiary is not eligible for the entire enrollment, so error off the record
                WRITE_DEERS_ERROR_RECORD (my_beneficiary, deers_error_file, ec_not_eligible)
            Else
                //  modify DEERS begin and end dates so that they fall within the eligibility specified by the assigned HCDP dat
                If effective_hcdp_rec.begin_date > deers_begin_date
                    CHANGE_DEERS_BEGIN_DATE (my_beneficiary, effective_hcdp_rec.begin_date)
                End If

                If effective_hcdp_rec.end_date < deers_end_date
                    CHANGE_DEERS_END_DATE (my_beneficiary, effective_hcdp_rec.end_date)
                End If

                WRITE_DEERS_RECORD (my_beneficiary, deers_output_file)
            End If
        End If

        //  load next beneficiary
        LOAD_BENEFICIARY (my_beneficiary, deers_input_file, assigned_hcdp_file)

    End While

Finalization:
    Close All Files
```

9.8.7. Compare Current DEERS Intermediate File 2 Against MCSC Intermediate File 3/Create File (ENRLCURR) and MCSC Output Files (MCSC_O01-16)

Variables:

my_family
more_families_to_process
current_ben
alt_care_type
error_code
deers_begin_date
deers_end_date
mcsc_begin_date
mcsc_end_date
deers_sponsor_status
mcsc_sponsor_status
deers_dmis_id
mcsc_dmis_id
deers_pcm_cd
mcsc_pcm_cd
mcsc_region_id
min_family_mcsc_begin_date
max_family_mcsc_end_date
assigned_hcdp_file
mcsc_input_file
deers_input_file
deers_error_file
deers_output_file
mcsc_output_file[16]
mcsc_error_file[16]

Initialize:

```
Open deers_input_file
If not successful
      print_message ("Could not open DEERS Input file.")
      exit program
End If

Open mcsc_input_file
If not successful
      print_message ("Could not open MCSC Input file.")
      exit program
End If

Open assigned_hcdp_file
If not successful
      print_message ("Could not open Assigned HCDP file.")
      exit program
End If
```

Mainline:

```
LOAD_FAMILY (my_family, deers_input_file, mcsc_input_file, assigned_hcdp_file)

Do While there are more families to process
    //  loop through the entire family
    For current_ben = 1 To my_family.num_beneficiaries
        If BEN_HAS_DEERS_RECORD(my_family, current_ben)=True AND DEERS_RECORD_STILL_ACTIVE (m
            //  the beneficiary has a DEERS record that hasn't ended yet, so check it against the current MCSC record
            alt_care_type = GET_ALT_CARE_TYPE (my_family, current_ben)

            If BEN_HAS_MCSC_RECORD (my_family, current_ben) = True
                //  compare the current DEERS record to the current MCSC record
                deers_begin_date = GET_DEERS_BEGIN_DATE (my_family, current_ben)
                deers_end_date = GET_DEERS_END_DATE (my_family, current_ben)
                mcsc_begin_date = GET_MCSC_BEGIN_DATE (my_family, current_ben)
                mcsc_end_date = GET_MCSC_END_DATE (my_family, current_ben)
                deers_sponsor_status = GET_DEERS_SPONSOR_STATUS (my_family, current_ben)
                mcsc_sponsor_status = GET_MCSC_SPONSOR_STATUS (my_family, current_ben)
                deers_dmis_id = GET_DEERS_DMIS_ID (my_family, current_ben)
                mcsc_dmis_id = GET_MCSC_DMIS_ID (my_family, current_ben)
```

```
        deers_pcm_cd = GET_DEERS_PCM_CD (my_family, current_ben)
        mcsc_pcm_cd = GET_MCSC_PCM_CD (my_family, current_ben)

        If deers_dmis_id NOT EQUAL mcsc_dmis_id
            // the DEERS DMIS Id does not match the MCSC DMIS Id, so error off the record
            WRITE_DEERS_ ERROR_RECORD (my_family, current_ben, deers_error_file, ec_conflicting_dm
            SET_MCSC_ERROR_CODE (my_family, current_ben, ec_conflicting_dmis_values)
            mcsc_region_id = GET_MCSC_REGION_ID (my_family, current_ben)
            WRITE_MCSC_RECORD (my_family, current_ben, mcsc_error_file[mcsc_region_id])

            // this beneficiary will no longer affect the conversion, so delete the beneficiary from the family structu
            // alter the current beneficiary counter so that processing is not affected
            DELETE_BENEFICIARY (my_family, current_ben)
            current_ben = current_ben - 1
        Else
            // compare the remaining fields; if there are any discrepancies, change the MCSC value to the DEERS
            If deers_begin_date > mcsc_begin_date
                mcsc_begin_date = deers_begin_date
                CHANGE_MCSC_BEGIN_DATE (my_family, current_ben, mcsc_begin_date)
            End If

            If deers_end_date < mcsc_end_date
                mcsc_end_date = deers_end_date
                CHANGE_MCSC_END_DATE (my_family, current_ben, mcsc_end_date)
            End If

            If deers_sponsor_status NOT EQUAL mcsc_sponsor_status
                CHANGE_MCSC_SPONSOR_STATUS (my_family, current_ben, deers_sponsor_status)
            End If

            If deers_pcm_cd NOT EQUAL mcsc_pcm_cs
                CHANGE_MCSC_PCM_CD (my_family, current_ben, deers_pcm_cd)
            End If

            min_family_mcsc_begin_date = MIN (min_family_mcsc_begin_date, mcsc_begin_date)
            max_family_mcsc_end_date = MAX (max_family_mcsc_begin_date, mcsc_end_date)
        End If

    Else
```

```
                    //  the beneficiary only has a DEERS record, so check to see if they should have an MCSC record
                    If alt_care_type = prime_e
                        //  this alt-care plan requires enrollment through the MCSCs, so error off the record
                        WRITE_DEERS_ ERROR_RECORD (my_family, current_ben, deers_error_file, ec_deers_wo_mcs

                        //  this beneficiary will no longer affect the conversion, so delete the beneficiary from the family structu
                        //  alter the current beneficiary counter so that processing is not affected
                        DELETE_BENEFICIARY (my_family, current_ben)
                        current_ben = current_ben - 1
                    End If
                End If

            Else If BEN_HAS_MCSC_RECORD (my_family, current_ben) = True
                //  the beneficiary has an MCSC record, but no DEERS record, so create a DEERS record using the information
                CREATE_DEERS_REC_FROM_MCSC_REC (my_family, current_ben)
                min_family_mcsc_begin_date = MIN (min_family_mcsc_begin_date, mcsc_begin_date)
                max_family_mcsc_end_date = MAX (max_family_mcsc_end_date, mcsc_end_date)
            End If
        Next

        //  loop through entire family
        For current_ben = 1 To my_family.num_beneficiaries
            If BEN_HAS_MCSC_RECORD (my_family, current_ben) = True
                //  update the family begin and end dates, and write the record to the appropriate MCSC output record
                CHANGE_MCSC_FAMILY_BEGIN_DATE (my_family, current_ben, min_family_mcsc_begin_date)
                CHANGE_MCSC_FAMILY_END_DATE (my_family, current_ben, max_family_mcsc_end_date)
                mcsc_region_id = GET_MCSC_REGION_ID (my_family, current_ben)
                WRITE_MCSC_RECORD (my_family, current_ben, mcsc_output_file[mcsc_region_id])
            End If

            //  create a merged enrollment record and write it to the output file
            MERGE_DEERS_REC_AND_MCSC_REC (my_family, current_ben)
            WRITE_MERGED_ENROLLMENT_RECORD (my_family, current_ben, deers_output_file)
        Next

        //  load next family
        LOAD_FAMILY (my_family, deers_input_file, mcsc_input_file)

End While
```

Finalization:

Close All Files

9.8.8. Convert Merged Enrollment, Alt-Care History Intermediate and MCSC Fee Payment Re HCDP Enrollment, PCM, Prime Family Enrollment Year and HCDP Fee Payment Recor

Variables:

my_family
more_families_to_process
current_ben
temp_begin_date
enrollment_begin_date
enrollment_end_date
num_records
assigned_hcdp_file
deers_input_file
alt_care_input_file
fee_payment_input_file
hcdp_output_file
hcdp_enrollment_output_file
pcm_output_file
family_enrollment_output_file
fee_payment_output_file

Initialize:

```
Open deers_input_file
If not successful
      print_message ("Could not open DEERS Input file.")
      exit program
End If

Open alt_care_input_file
If not successful
      print_message ("Could not open Alt-Care Input file.")
      exit program
End If
```

```
Open fee_payment_input_file
If not successful
    print_message ("Could not open Fee Payment Input file.")
    exit program
End If

Open assigned_hcdp_file
If not successful
    print_message ("Could not open Assigned HCDP file.")
    exit program
End If
```

Mainline:

```
LOAD_FAMILY (my_family, deers_input_file, alt_care_input_file, fee_payment_input_file, assigned_hcdp_file)

Do While there are more families to process
    // loop through entire family
    For current_ben = 1 To my_family.num_beneficiaries

        // get the begin date of the first continuous enrollment
        temp_begin_date = GET_FIRST_ASSIGNED_HCDP_BEGIN_DATE (my_family, current_ben)
        enrollment_begin_date = GET_NEXT_ENROLLMENT_START_DATE (my_family, current_ben, temp_begin_d

        Do While there are more continuous enrollments to process
            // get the end date of the continuous enrollment starting on enrollment_begin_date and convert
            enrollment_end_date = GET_CONTINUOUS_ENROLLMENT_END_DATE (my_family, current_ben, enro
            CONVERT_CONTINUOUS_ENROLLMENT (my_family, current_ben, enrollment_begin_date, enrollment_

            // get the begin date of the next continuous enrollment
            enrollment_begin_date = GET_NEXT_ENROLLMENT_START_DATE (my_family, current_ben, enrollmer
        End While

        WRITE_CONVERTED_HCDP_RECORDS (my_family, current_ben, hcdp_output_file)
        WRITE_CONVERTED_HCDP_ENROLLMENT_RECORDS (my_family, current_ben, hcdp_enrollment_outpu
        WRITE_CONVERTED_PCM_RECORDS (my_family, current_ben, pcm_output_file)

    Next
```

WRITE_CONVERTED_FAMILY_ENROLLMENT_RECORDS (my_family, family_enrollment_output_file)
WRITE_CONVERTED_FEE_PAYMENT_RECORDS (my_family, fee_payment_output_file)

// load next family
more_families_to_process = **LOAD_FAMILY** (my_family, deers_input_file, alt_care_input_file, fee_payment_input_fil

End While

Finalization:
Close All Files

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